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The National Committee for Mental Hygiene

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When one considers the large groups of people who may be benefited by organized work in mental hygiene, the importance of the movement at once becomes apparent. Such work is not only for the mentally disordered and those suffering from mental defect, but for all those who, through mental causes, are unable so to adjust themselves to their environment as to live happy and efficient lives.

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QUARTERLY MAGAZINE

OF

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC.
370 SEVENTH AVENUE, NEW YORK CITY

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MENTAL HYGIENE

VOL. VII JANUARY, 1923 No. 1

SOME ASPECTS OF ANIMAL MECHANISM *

SIR CHARLES S. SHERRINGTON, M.D., F.R.C.P., F.R.C.S.
President, British Association for the Advancement of Science

IT IS sometimes said that science lives too much in itself, but once a year it tries to remove that reproach. The British Association meeting is that annual occasion, with its opportunity of talking in wider gatherings about scientific questions and findings. Often the answers are tentative. Commonly questions most difficult are those that can be quite briefly put. Thus: "Is the living organism a machine?" "Is life the running of a mechanism?" The answer cannot certainly be as short as the question. But let us, in the hour before us, examine some of the points it raises.

Of course for us the problem is not the "why" of the living organism, but the "how" of its working. If we put before ourselves some aspects of this working, we may judge some, at least, of the contents of the question. It might be thought that the problem is presented at its simplest in the simplest forms of life. Yet it is in certain aspects more seizable in complex animals than it is in simpler forms.

Our own body is full of exquisite mechanism. Many exemplifications could be chosen. There is the mechanism by which the general complex internal medium, the blood, is kept relatively constant in its chemical reaction, despite the variety of the food replenishing it and the fluctuating draft from and input into it from various organs and tissues. In this mechanism the kidney cells and the lung cells form two of the main sub-mechanisms. One part of the latter is the delicate mechanism linking the condition of the air at the bottom of the lungs with that particular part of the nervous system which manages the ventilation of the lungs. On that ventilation depends the proper respiratory condition of the blood. The nervous center that manages the rhythmic breathing of the chest is so responsive to the respiratory state of the blood supplied to itself that, as shown by Drs. Haldane and Priestley some years ago, the very slightest increase in the partial pressure of carbon dioxide at the bottom of the lungs at once suitably increases the ventilation of the chest. Dovetailed in with this mechanism is yet another working for adjustment in the same direction. As the lung is stretched by each inbreath, the respiratory condition of the nervous center, already attuned to the respiratory quality of the air in the lungs, sets the degree to which inspiration shall fill them ere there ensue the opposite movement of outbreath. All this regulation, although the nervous system takes part in it, is a mechanism outside our consciousness. Part of it is operated chemically; part of it is reflex reaction to a stimulus of mechanical kind, though as such unperceived. The example taken has been nervous mechanism. If, in the short time at our disposal, we confine our examples to the nervous system, we shall have the advantage that in one respect that system presents our problem possibly at its fullest.

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* Presidential address delivered at the Hull meeting of the British Association for the Advancement of Science, September 6, 1922. Reprinted by courtesy of *Science*.

Let us turn, therefore, to another example, mainly nervous. Muscles execute our movements; they also maintain our postures. This postural action of muscles is produced by nerve centers that form a system more or less their own. One posture of great importance thus maintained is that of standing, the erect posture. This involves due coöperation of many separate muscles in many parts. Even in the absence of those portions of the brain to which consciousness is adjunct, the lower nerve centers successfully bring about and maintain the coöperation of muscles that results in the erect posture; for example, the animal in this condition, if set on its feet, stands. It stands reflexly; more than that, it adjusts its standing posture to required conditions. If the pose of one of the limbs be shifted, a compensatory shift in the other limbs is induced, so that stability is retained. A turn of the creature's neck sidewise, and the body and limbs, of themselves, take up a fresh attitude appropriate to the side-turned head. Each particular pose of the neck telegraphs off to the limbs and body a particular posture required from them, and that posture is then maintained so long as the neck posture is maintained. Stoop the creature's neck, and the forelimbs bend down as if to seek something on the floor. Tilt the muzzle upward, and the forelimbs straighten and the hind limbs crouch as if to look at something on a shelf. Purely reflex mechanism provides all kinds of ordinary postures.

Mere reflex action provides these harmonies of posture. The nerve centers evoke for this purpose in the required muscles a mild, steady contraction, with tension largely independent of the muscle length and little susceptible to fatigue. Nerve fibers run from muscle to nerve center, and by these each change in tension or length of the muscle is reported to the activating nerve center. They say, "Tension rising, you must slacken", or conversely. There are also organs the stimulation of which changes with any change of their relation to the line of gravity. Thus, a pair of tiny water-filled bags is set one in each side of the skull and in each is a patch of cells endowed with a special nerve. Attached to hairlets of these cells is a tiny crystalline stone the pressure of which acts as a stimulus through them to the nerve. The nerve of each gravity bag connects, through chains of nerve centers, with the muscles of all the limbs and of one side of the neck. In the ordinary erect posture of the head, the stimulation by the two bags right and left is equal, because the two gravity stones then lie symmetrically. The result, then, is a symmetrical muscular effect on the two sides of the body—namely, the normal erect posture. But the right and left bags are mirror pictures of each other. If the head incline to one side, the resulting slip, microscopic though it be, of the two stones on their nerve patches makes the stimulation unequal. From that slip there results exactly the right unsymmetrical action of the muscles to give the unsymmetrical pose of limbs and neck required for stability. That is the mechanism dealing with limbs and trunk and neck. An additional one postures the head itself on the neck. A second pair of tiny gravity bags, in which the stones hang rather than press, are utilized. These, when any cause inclining the head has passed, bring the head back at once to the normal symmetry of the erect posture. These same bags also manage the posturing of the eyes. The eye contributes to our orientation in space—for example, to perception of the vertical. For this the eyeball—that is, the retina—has to be postured normally, and the pair of little gravity bags in the skull, which serve to restore the head posture, act also on the eyeball muscles. Whichever way the head turns, slopes, or is tilted, they adjust the eyeball's posture compensatingly, so that the retina still looks out upon its world from an approximately normal posture, retaining its old verticals and horizontals. As the head twists to the right, the eyeball's visual axis untwists from the right. These reactions of head, eyes, and body unconsciously take place when a bird wheels or slants in flight or a pilot stalls or banks his aëroplane; and all this works itself involuntarily as a pure mechanism.

True, in such a glimpse of mechanism, what we see mainly is how the machinery starts and what finally comes out of it; of the intermediate elements of the process we know less. Each insight into mechanism reveals more mechanism still to know. Thus, scarcely was the animal's energy balance in its bearing upon food intake shown comfortably to conform with thermodynamics than came evidence of the so-called "vitamins"—evidence showing an unsuspected influence on nutrition by elements of diet taken in quantities so small as to make their mere calorie value quite negligible; thus, for the growing rat, to quote Professor Harden, a quantity of vitamin A of the order of one five-hundredths milligram a day has potent effect. Again, as regards sex determination, the valued discovery of a visible distinction between the nuclear threads of male and female brings the further complexity that, in such cases, sex extends throughout the whole body to every dividing cell. Again, the association of hereditary unit factors, such as body color or shape of wing, to visible details in the segmenting nucleus seemed to simplify by epitomizing. But further insight tends to trace the inherited unit character not to the chromosome itself, but to balance of action between the chromosome group. As with the atom in this heroic age of physicists, the elementary unit once assumed simple proves, under further analysis, to be itself complex. Analysis opens a vista of further analysis required. Knowledge of muscle contraction has, from the work of Fletcher and Hopkins on to Hill, Hartree, Meyerhof, and others, advanced recently more than in many decades heretofore. The engineer would find it difficult to make a motive machine out of white of egg, some dissolved salts, and thin membrane. Yet this is practically what nature has done in muscle, and obtained a machine of high mechanical efficiency. Perhaps human ingenuity can learn from it. One feature in the device is alternate development and removal of acidity. The cycle of contraction and relaxation is traced to the production of lactic acid from glycogen and its neutralization chiefly by alkaline proteins; and physically to an admirably direct transition from chemical to mechanical effect. What new steps of mechanism all this now opens!

But knowledge, while making for complexity, makes also for simplification. There seems promise of simplification of the mechanism of reflex action. Reflex action with surprising nicety calls into play just the appropriate muscles, and adjusts them in time and in the suitable grading of their strength of pull. The moderating as well as the driving of muscles is involved. Also, the muscles have to pass from the behest of one stimulus to that of another, even though the former stimulus still persist. For these gradings, coadjustments, restraints, and shifts, various separate kinds of mechanism were assumed to exist in the nerve centers, although of the nature of such mechanisms little could be said. Their processes were regarded as peculiar to the nerve centers and different from anything that the simple fibers of nerve trunks outside the centers can produce. We owe to Lucas and Adrian the demonstration that, without any nerve center whatever, an excised nerve trunk with its muscle attached can be brought to yield, besides conduction of nerve impulses, the grading of them. That is remarkable, because the impulse is not gradable by grading the strength of the stimulus. The energy of the impulse comes not from the stimulus, but from the fiber itself. Lucas and Adrian have shown, however, that it is gradable in another way. Though the nerve impulse is a very brief affair—it lasts about one-thousandth of a second at any one point of the nerve—it leaves behind it in the nerve fiber a short phase during which the fiber cannot develop a second impulse. Then follows rapid, but gradual recovery of the strength of impulse obtainable from the fiber. That recovery may swing past normal to supernormal before returning finally to the old resting state. Hence, by appropriately timing the arrival of a second impulse after a first, that second impulse may be extinguished, reduced, increased, or transmitted without alteration. This property of grading impulses promises a complete key to reflex action if taken along with one other. The nervous system, including its centers, consists of nothing but chains of cells and fibers. In these chains the junctions of the links appear to be points across which a large impulse can pass, though a weak one will fail. At these points the grading of impulses by the interference process just outlined can lead, therefore, to narrowing or widening their further distribution, much as in a railway system the traffic can be blocked or forwarded, condensed or scattered. Thus the distribution and quantity of the muscular effect can be regulated and shifted, not only from one muscle to another, but in one and the same muscle it can be graded by adding to or subtracting from the number of fibers activated within that muscle. As pointed out by Professor Alexander Forbes, it may be, therefore, that the nerve impulse is the one and only reaction throughout the whole nervous system, central and peripheral—trains of impulses colliding and overrunning as they travel along the conductive network. In this may lie the secret of the coördination of reflexes. The nerve center seems nothing more than a meeting place of nerve fibers, its properties but those of impulses in combination. Fuller knowledge of the mechanism of the nervous impulse, many of the physical properties of which are now known—a reaction that can be studied in the simplest units of the nervous system—thus leads to a view of nervous function throughout the system much simpler than formerly obtained.

Yet for some aspects of nervous mechanism the nerve impulse offers little or no clue. The fibers of nerve trunks are, perhaps, of all nerve structures those that are best known. They constitute, for example, the motor nerves of muscle and the sensory nerves of the skin. They establish their ties with muscle and skin during embryonic life and maintain them practically unaltered throughout the individual's existence, growing no further. If severed, say, by a wound, they die for their whole length between the point of severance and the muscle or skin they go to. Then at once the cut ends of the nerve fibers start regrowing from the point of severance, although for years they have given no sign of growth. The fiber, so to say, tries to grow out to reach to its old far-distant muscle. There are difficulties in its way. A multitude of non-nervous repair cells growing in the wound spin scar tissue across the new fiber's path. Between these alien cells the new nerve fiber threads a tortuous way, avoiding and never joining any of them. This obstruction it may take many days to traverse. Then it reaches a region where the sheath cells of the old dead nerve fibers lie altered beyond ordinary recognition. But the growing fiber recognizes them. It joints them and, tunneling through endless chains of them, arrives finally, after weeks or months, at the wasted muscle fibers that seem to have been its goal, for it connects with them at once. It pierces their covering membranes and reforms with their substance junctions of characteristic pattern resembling the original that died weeks or months before. Then its growth ceases, abruptly, as it began, and the wasted muscle recovers and the lost function is restored.

Can we trace the causes of this beneficent, yet so unaccountable reaction? How is it that severance can start the nerve regrowing? How does the nerve fiber find its lost muscle microscopically miles away? What is that mechanism that drives and guides it? Is it a chemotaxis, like that of the antherozoid in the botanical experiment drawn towards the focus of the dissolved malic acid? If so, there must be a marvelously arranged play of intricate sequences of chemically attractive and repellent substances dissolved suitably point to point along the tissue. It has recently been stated that the nerve fiber growing from a nerve cell in a nutrient field of graded electrical potential grows strictly by the axis of the gradient. Some argue for the existence of such potential gradients in the growing organism. Certainly nerve regeneration seems a return to the original phase of growth, and pieces of adult tissue removed from the body to artificial nutrient media in the laboratory take on vigorous growth. Professor Champy describes how epithelium that in the body is not growing, when thus removed, starts growing. If freed from all fibrous tissue, its cells not only germinate, but, as they do so, lose their adult specialization. In nerve regeneration the nerve-sheath cells, and to some extent the muscle cells that have lost their nerve fiber, lose likewise their specialized form, and regain it only after touch with the nerve cell has been reëstablished. So similarly epithelium and its connective tissue, cultivated outside the body together, both grow and both retain their specialization. The evidence seems to show that the mutual touch between the several cells of the body is decisive of much in their individual shaping and destiny. The severance of a nerve fiber is an instance of the dislocation of such a touch. It recalls well-known experiments on the segmenting egg. Destruction of one of the two halves produced by the first segmentation of the egg results in a whole embryo from the remaining half egg; but if the two blastomeres, though ligated, be left side by side, each then produces a half embryo. Each half egg *can* yield a whole embryo, but is restrained by the presence of the twin cell to yielding but a half embryo. The nerve severance seems to break a mutual connection which restrained cell growth and maintained cell differentiation.

It may be said that the nerve-sheath cells degrade because the absence of transmission of nerve impulses leaves their fiber functionless. But they do not degrade in the central nerve piece, although impulses no longer pass along the afferent fibers. This mechanism of reconstruction seems strangely detached from any direct performance of function. The sprouting nerve fibers of a motor nerve with impulses for muscular contraction can by misadventure take their way to denervated skin instead of muscle. They find the skin cells the nerve fibers of which have been lost, and on these they bud out twigs, as true sensory fibers would do. Then, seemingly satisfied by so doing, they desist from further growth. The sense cells, too, after this misunion, regain their normal features. But this joining of motor nerve fiber with sense cell is functionless, and must be so because the directions of functional condition of the two are incompatible. Similarly a regenerating skin nerve, led down to muscle, makes its union with muscle instead of skin, though the union is a functional misfit and cannot subserve function. Marvelous though nerve regeneration be, its mechanism seems blind. Its vehemence is just as great after amputation, when the parts lost can of course never be rereached. Its blindness is sadly evident in the suffering caused by the useless nerve sprouts entangled in the scar of a healing or healed limb stump.

There is a great difference, however, between the growth of such regeneration and the growth impulse in pieces of tissue isolated from the body and grown in media outside. With pure cultures, in the latter case, Professor Champy says the growth recalls in several features that of malignant tumors—for example, multiplication of cells unaccompanied by formation of a specialized adult tissue. A piece of kidney cultivated outside the body dedifferentiates, to use his term, into a growing mass unorganized for renal function. But with connective-tissue cells added, even breast cancer epithelium will in cultivation grow in glandular form. New ground is being broken in the experimental control of tissue growth. The report of the Imperial Cancer Research Fund mentions that in cultivation outside the body malignant cells present a difficulty that normal cells do not. To the malignant cells the nutrient soil has to be renewed more frequently, because they seem rapidly to make the soil in which they grow poisonous to themselves, though not to normal cells. The following of all clues of difference between the mechanism of malignant growth and of normal is fraught with importance which may be practical as well as theoretical.

The regenerating nerve rebuilds to a plan that spells for future function, but throughout all its steps prior to the time when it actually reaches the muscle or skin, no actual performance of nerve function can take place. What is constructed is functionally useless until the whole is complete. So similarly with much of the construction of the embryo in the womb for purposes of a different life after emergence from the womb: of the lung for air breathing after birth; of the reflex contraction in the fetal child of the eyelids to protect the eye long before the two eyelids have been separated, let alone ere hurt or even light can reach it; of the butterfly's wing within the chrysalis for future flight. The nervous system in its repair, as in its original growth, shows us a mechanism working through phases of non-functioning preparation in order to forestall and meet a future function. It is a mechanism against the seeming prescience of which is to be set its fallibility and its limitations. The "how" of its working is at present chiefly traceable to us in the steps of its results rather than in comprehension of its intimate reactions; as to its mechanism, perhaps the point of chief import for us here is that those who are closest students of it still regard it as a mechanism. If "to know" be "to know the causes", we must confess to want of knowledge of how its mechanism is contrived.

If we knew the whole "how" of the production of the body from egg to adult, and if we admit that every item of its organic machinery runs on physical and chemical rules as completely as do inorganic systems, will the living animal present no other problematical aspect? The dog, our household friend—do we exhaust its aspects if, in assessing its sum total, we omit its mind? A merely reflex pet would give little pleasure even to the fondest of us. True, our acquaintance with other mind than our own can be only by inference. We may even hold that mind as an object of study does not come under the rubric of natural science at all. But this association has its section of psychology, and my theme of to-night was chosen partly at the suggestion of a late member of it, Dr. Rivers, the loss of whom we all deplore. As a biologist, he viewed mind as a biological factor. Keeping mind and body apart for certain analytic purposes must not allow us to forget their being set together when we assess as a whole even a single animal life.

Taking as manifestations of mind those ordinarily received as such, mind does not seem to attach to life, however complex, where there is no nervous system, nor even where that system, though present, is little developed. Mind becomes more recognizable, the more the nerve system is developed; hence the difficulty of the twilit emergence of mind from no mind, which is repeated even in the individual life history. In the nervous system there is what is termed localization of function—relegation of different work to the system's different parts. This localization shows mentality, in the usual acceptation of that term, not distributed broadcast throughout the nervous system, but restricted to certain portions of it—for example, among vertebrates to what is called the forebrain, and in higher vertebrates to the relatively newer parts of that forebrain. Its chief, perhaps its sole, seat is a comparatively modern nervous structure superposed on the non-mental and more ancient other nervous parts. The so-to-say mental portion of the system is placed so that its commerce with the body and the external world occurs only through the archaic non-mental remainder of the system. Simple nerve impulses, their summations and interferences, seem the one uniform office of the nerve system in its non-mental aspect. To pass from a nerve impulse to a psychical event—a sense impression, percept, or emotion—is, as it were, to step from one world to another and incommensurable one. We might expect, then, that at the places of transition from its non-mental to its mental regions the brain would exhibit some striking change of structure. But it is not so; in the mental parts of the brain there is nothing but the same old structural elements, set end to end, suggesting the one function of the transmission and collision of nerve impulses. The structural interconnections are richer, but that is merely a quantitative change.

I do not want, and do not need, to stress our inability at present to deal with mental actions in terms of nervous actions, or *vice versa.* Facing the relation borne in upon us as existent between them, however, may we not gain some further appreciation of it by reminding ourselves even briefly of certain points of contact between the two? Familiar as such points are, I will mention rather than dwell upon them.

One is the so-called expression of the emotions. The mental reaction of an emotion is accompanied by a nervous discharge that is more or less characteristic for each several type of emotion, so that the emotion can be read from its bodily expression. This nervous discharge is involuntary, and can affect organs, such as the heart, which the will cannot reach. Then there is the circumstance that the peculiar ways and tricks of the nervous machinery as revealed to us in the study of mere reflex reactions repeat themselves obviously in the working of the machinery to which mental actions are adjunct. The phenomenon of fatigue is common to both, and imposes similar disabilities on both. Nervous exhaustion and mental exhaustion mingle. Then, as offset against this disability, there exists in both the amenability to habit formation, mere repetition within limits rendering a reaction easier and readier. Then, and akin to this, is the oft-remarked trend in both for a reaction to leave behind itself a trace, an engram, a memory, the reflex engram and the mental memory.

How should inertia and momentum affect non-material reactions? Quick though nervous reactions are, there is always easily observed delay between delivery of stimulus and appearance of the nervous end effect; and there is always the character that a reaction once set in motion does not cease very promptly. Just the same order of lag and overrun, of want of dead-beat character, is met in sense reactions. The sensation outlives the light that evoked it, and the stronger the reaction, the longer the sensation persists. Similarly the reflex after-discharge persists after the stimulus is withdrawn and subsides more slowly the stronger the reaction. The times in both are of the same order. Again, a reflex act that contracts one muscle commonly relaxes another. Even so, with rise of sensation in one part of the visual field commonly occurs lapse of sensation in another. The stoppage is in both by inhibition—that is to say, active. Then again, two lights of opposite colors falling simultaneously and correspondingly on the two retinæ will, according to their balance, fuse to an intermediate tint or seesaw back and forth between the one tint and the other. Similarly a muscle impelled by two reflexes, one tending to contract it, the other to relax it, will, according to the balance of the reflexes, respond steadily with an intensity that is a compromise between the two, or seesaw rhythmically from extreme to extreme of the two opposite influences.

Reflex acts commonly predispose to their opposites; thus the visual impression of one color predisposes to that of its opposite. Again, the *position* of the stimulated sensual point acts on the mind—hence the light seen or the pain felt is referred to some locus in the mind's space system. Similarly the reflex machinery directs, for example, the limb it moves toward the particular spot stimulated. Such spots in the two processes, mental and non-mental, correspond.

Characteristic of the nervous machinery is its arrangement in what Hughlings Jackson called "levels", the higher levels standing to the lower not only as drivers, but also as restrainers. Hence, in disease, underaction of one sort is accompanied by overaction of another. Thus in the arm affected by a cerebral stroke, besides loss of willed—that is, higher-level—power in the finger muscles, there is in other muscles involuntary overaction owing to escape of lower centers from control by the higher that have been destroyed. Similarly with the sensory effects; of skin sensations some are painful and some not—for example, touch. The seat of the latter is of higher level, cortical; of the former, lower, sub-cortical. When cerebral disease breaks the path between the higher and the underlying level, a result is impairment of touch sensation, but a heightening of pain sensation in the affected part. The sensation of touch, as Dr. Head says, restrains that of pain.

Thus features of nervous working resemble over and over again mental activities. Is it mere metaphor, then, when we speak of mental attitudes as well as bodily? Is it mere analogy to liken the warped attitude of the mind in a psychoneurotic sufferer to the warped attitude of the body constrained by an internal potential pain? Again, some mental events seem spontaneous; in the nervous system some impulses seem generated automatically from within.

It may be said of all these similarities of time relation and the rest between the ways of the nervous system and such simpler ways of mind as I here venture on that they exist because the operations of the mental part of the nervous system communicate with the exterior only through the non-mental part as gateway, and that there the features of the nerve machinery are impressed on the mind's working. But that suggestion does not take into account the fact that the higher and more complex the mental process, the longer the time lag, the more incident the fatigue, the more striking the memory character, and so on.

All this similarity does but render more succinct the old enigma as to the nexus between nerve impulse and mental event. In the proof that the working of the animal mechanism conforms with the first law of thermodynamics, is it possible to say that psychical events are evaluated in the balance sheet drawn up? On the other hand, Mr. Barcroft and his fellow observers, in their recent physiological exploration of life on the Andes at 14,200 feet, noted that their arithmetic as well as their muscles was at a disadvantage; the low oxygen pressure militated against both. Indeed, we all know that a few minutes without oxygen, or few more with chloroform, and the psychical and the nervous events will lapse together. The nexus between the two sets of events is strict, but for comprehension of its nature we still require, it seems, comprehension of the unsolved mystery of the "how" of life itself. A shadowy bridge between them may lie, perhaps, in the reflection that for the observer himself the physical phenomena he observes are in the last resort psychical.

The practical man has to accept nervous function as a condition for mental function without concerning himself about ignorance of their connection. We know that with structural derangement or destruction of certain parts of the brain goes mental derangement or defect, while derangement or destruction of other parts of the nervous system is not so accompanied. Decade by decade the connection between certain mental performances and certain cerebral regions becomes more definite. Certain impairments of ideation as shown by forms of incomprehension of language or of familiar objects can help to diagnose for the surgeon that part of the brain which is being compressed by a tumor and, the tumor gone, the mental disabilities pass. Similarly those who, like Professor Elliot Smith and Sir Arthur Keith, recast the shape of the cerebrum from the cranial remains of prehistoric man can outline for us something of his mentality from examination of the relative development of the several brain regions, using a true and scientific phrenology.

Could we look quite naïvely at the question of a seat for the mind within the body, we might perhaps suppose it diffused there, not localized in any one particular part at all. That it is localized and that its localization is in the nervous system—can we attach meaning to that fact? The nervous system is that bodily system the special office of which, from its earliest appearance onward throughout evolutionary history, has been more and more to weld together the body's component parts into one consolidated mechanism reacting as a unity to the changeful world about it. More than any other system it has constructed out of a collection of organs an individual of unified act and experience. It represents the acme of accomplishment of the integration of the animal organism. That it is in this system that mind, as we know it, has had its beginning, and with the progressive development of the system has developed step for step, is surely significant. So it is that the portion in this system to which mind transcendently attaches is exactly that where are carried to their highest pitch the nerve actions that manage the individual as a whole, especially in his reactions to the external world. There, in the brain, the integrating nervous centers are themselves further compounded, interconnected, and recombined for unitary functions. The cortex of the forebrain is the main seat of mind. That cortex, with its twin halves corresponding to the two side halves of the body, is really a single organ knitting those halves together by a still further knitting together of the nervous system itself. The animal's great integrating system is there still further integrated, and this supreme integrator is the seat of all that is most clearly inferable as the animal's mind. As such it has spelt biological success to its possessors. From small beginnings it has become steadily a larger and larger feature of the nervous system, until in adult man the whole remaining portion of the system is relatively dwarfed by it. It is not without significance, perhaps, that in man this organ, the brain cortex, bifid as it is, shows unmistakable asymmetry. Man is a tool-using animal, and tools demand asymmetrical, though attentive and therefore unified, acts. A nervous focus unifying such motor function will, in regard to a laterally bipartite organ, tend more to one half or the other, and in man's cerebrum the preponderance of one half—namely, the left—over the other may be a sign of unifying function.

It is to the psychologist that we must turn to learn in full the contribution made to the integration of the animal individual by mind. But each of us can recognize, without being a professed psychologist, one achievement in that direction which mental endowment has produced. Made up of myriads of microscopic cell lives, individually born, feeding and breathing individually within the body, each one of us nevertheless appears to himself a single entity, a unity experiencing and acting as one individual. In a way, the more far-reaching and many-sided the reactions of which a mind is capable, the more need, as well as the more scope, for their consolidation to one. True, each one of us is in some sense not one self, but a multiple system of selves. Yet how closely those selves are united and integrated to one personality! Even in those extremes of so-called double personality, one of their mystifying features is that the individual seems to himself at any one time wholly either this personality or that, never the two commingled. The view that regards hysteria as a mental dissociation illustrates the integrative trend of the total healthy mind. Circumstances can stress in the individual some, perhaps lower, instinctive tendency that conflicts with what may be termed his normal personality. This latter, to master the conflicting trend, can judge it in relation to his main self's general ethical ideals and duties to self and the community. Thus intellectualizing it, he can destroy it or consciously subordinate it to some aim in harmony with the rest of his personality. By so doing there is gain in power of will and in personal coherence of the individual. But if the morbid situation be too strong or the mental self too weak, instead of thus assimilating the contentious element, the mind may shun and, so to say, endeavor to ignore it. That way lies danger. The discordant factor escaped from the sway of the conscious mind produces stress and strain of the conscious self; hence, to use customary terminology, dissociation of the self sets in, bringing in its train those disabilities, mental or nervous or both, that characterize the sufferer from hysteria. The normal action of the mind is to make up from its components one unified personality. When we remember the manifold complexity of composition of the human individual, can we observe a greater example of solidarity of working of an organism than that presented by the human individual, intent and concentrated, as the phrase goes, upon some higher act of strenuous will? Physiologically the supreme development of the brain, psychologically the mental powers attaching thereto, seem to represent from the biological standpoint the very culmination of the integration of the animal organism.

The mental attributes of the nervous system would be, then, the coping-stone of the construction of the individual. Surveyed in their broad biological aspect, we see them carrying integration even further still. They do not stop at the individual; they proceed beyond the individual; they integrate, from individuals, communities. When we review, so far as we can judge it, the distribution of mind within the range of animal forms, we meet two peaks of its development—one in insect life, the other in the vertebrate, with its acme finally in man. True, in the insect the type of mind is not rational, but instinctive, whereas at the height of its vertebrate development reason is there as well as instinct. Yet in both one outcome seems to be the welding of individuals into societies on a scale of organization otherwise unattained. The greatest social animal is man and the powers that make him so are mental: language, tradition, instinct for the preservation of the community as well as for the preservation of the individual, reason actuated by emotion and sentiment and controlling and welding egoistic and altruistic instincts into one broadly harmonious, instinctive-rational behavior. Just as the organization of the cell colony into an animal individual receives its highest contribution from the nervous system, so the further combining of animal individuals into a multi-individual organism, a social community, merging the interests of the individual in the interests of the group, is due to the nervous system's crowning attributes, the mental. That this integration is still in process, still developing, is obvious from the whole course of human pre-history and history. The biological study of it is essentially psychological; it is the scope and ambit of social psychology. Not the least interesting and important form of social psychology is that relatively new one dealing with the stresses and demands that organized industry makes upon the individual as a unit in the community of our day and with the readjustments it asks from that community.

To resume, then, we may, I think, conclude that in some of its aspects animal life presents to us mechanism the ''how'' of which, despite many gaps in our knowledge, is fairly explicable. Of not a few of the processes of the living body—such as muscular contraction, the circulation of the blood, the respiratory intake and output by the lungs, the nervous impulse and its journeyings—we may fairly feel, from what we know of them already, that further application of physics and chemistry will furnish a competent key. We may suppose that in the same sense as we can claim to-day that the principles of a gas engine or an electromotor are comprehensible, so will the bodily working in such mechanisms be understood by us, and indeed are largely so already. It may well be possible to understand the principle of a mechanism that we have not the means or skill ourselves to construct; for example, we cannot construct the atoms of a gas engine.

Turing to other aspects of animal mechanism, such as the shaping of the animal body, the conspiring of its structural units to compass later functional ends, the predetermination of specific growth from egg to adult, the predetermined natural term of existence—these and their intimate mechanism, we are, it seems to me, despite many brilliant inquiries and inquirers, still at a loss to understand. The steps of the results are known, but the springs of action still lie hidden. Then again, the "how" of the mind's connection with its bodily place seems still utterly enigma. Similarity or identity in time relations and in certain other ways between mental and nervous processes does not enlighten us as to the actual nature of the connection existing between the two. Advance in biological science does but serve to stress further the strictness of the nexus between them.

Great differences of difficulty, therefore, confront our understanding of various aspects of animal life. Yet the living creature is fundamentally a unity. In trying to make the "how" of an animal existence intelligible to our imperfect knowledge we have, for purposes of study, to separate its whole into part aspects and part mechanisms, but that separation is artificial. It is as a whole, a single entity, that the animal—or, for that matter, the plant—has finally and essentially to be envisaged. We cannot really understand one part without the other. Can we suppose a unified entity that is part mechanism and part not? One privilege open to the human intellect is to attempt to comprehend, not leaving out of account any of its properties, the "how" of the living creature as a whole. The problem is ambitious, but its importance and its reward are all the greater if we seize and attempt the full width of its scope. In the biological synthesis of the individual, it is concerned with mind. It includes examination of man himself as acting under a biological trend and process that is combining individuals into a multi-individual organization, a social organism surely new in the history of the world. This biological trend and process is constructing a social organism the cohesion of which depends mainly on a property developed so specifically in man as to be, broadly speaking, his alone—namely, a mind actuated by instincts, but instrumented with reason. Man, often Nature's rebel, as Sir Ray Lankester has luminously said, can, viewing this great supra-individual process, shape his courses conformably with it even as an individual, feeling that in this case to rebel would be to sink lower rather than to continue his own evolution upward.

METHODS OF EVALUATING OUR IMMIGRANT PEOPLES

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PROBLEMS arising from the contacts and mixtures of human varieties are no new thing in this country, which has been built up through such contacts and mixtures from its very beginning. But these problems seem to be pressing on popular attention as never before. The heavy immigration, in the decades before the European War, of peoples less familiar to us than those who came in the earlier decades of our history occasioned a general uneasiness as to the results, and now that great streams of humanity, turned aside from their old beds by the upheaval of the war, are pressing into new channels, the problems become more insistent.

How shall we apply a measurement to these problems that will show us the nature of the human elements involved, the nature and direction of the forces at work in their interaction? If we can succeed in such a measurement, we shall know how to regulate the human currents; we shall know whom to let in, whom to exclude; we shall know better how to deal with the peoples already here.

The problems involved are not only economic, but social. When we bring in men as "hands", we also get their heads and hearts and temperaments. Out of working hours they are going to live as social beings, so that measurements are needed of all these aspects. We may indeed consider that even the economic problem cannot be understood without consideration of the social factor.

The social problems that attract our attention most immediately and that are most prominent in the public mind are those of the special classes, of individuals whom we classify roughly as the dependent, defective, and delinquent. These do not, however, make up all of the social problem, and, indeed, their problems are not the most fundamental. After all, these special classes are a small part of any population; every population has to deal with them, and there is no tremendous difference in the relative weight of this burden from time to time or from place to place. And these special classes are only end results of more general phenomena. To understand them we have to go back to the general population and find out something more about it.

Even the social worker whose primary task it is to deal with these special classes is more concerned about general social conditions. It is of fundamental importance to know how various peoples will behave in general social relations. What sort of family life will they want to develop or be able to develop? What will be their relation to the social group in which they live? Will they be able to coöperate with their fellow beings in building up a workable community life? Will they assimilate to such a degree that the efforts of a community may be directed toward a common end, and not be scattered and wasted through conflict? What ends will they pursue? What state will they build up? What culture will they develop?

Such questions bring with them innumerable sub-questions, involving special aspects of social and economic life. How shall we proceed to answer them?

Following the statistical method, we may pick out certain marks and signs and proceed to count those who possess them. The difficulty with this method is that the things we most want to know about are often those that are the hardest to isolate and count, and the things that we can count are not the immediate things we want to know about. We have to infer from the counting of some things the existence of other things, and sometimes we forget that the things we count are not the things we want, and think that we have proved one thing from the counting of another.

Take, for instance, the measurement of criminality by statistics. Much use has been made of statistics to show a greater degree of criminality among certain immigrant peoples than among others. We are given comparative rates, showing some people low in the scale, some high up.

This may satisfy the mind so long as we have only one set of rates before us, but a new set of rates apparently gives a different result, leading the profane to jeer that "you can prove anything by statistics". This, of course, is not the fault of the statistical ratios, but of the conclusions drawn from them. If we always keep in mind just what is being compared, and how nearly correct the counting has been, the discrepancies will disappear. But, unfortunately, even the learned may forget for a moment just what has been counted in the statistics.

The criminal statistics available to us, for example, are not measurements of individual characters, or even of individual acts. They are measurements of the results of governmental procedure. If we try to compare rates of criminality in different countries as some guide to differences in tendency to commit antisocial acts, we shall find that the different rates also measure differences in the laws that make certain acts crimes and differences in degree of enforcement of the laws.

Suppose we try to compare the criminality rates of various peoples in this country. Here we must have recourse to the statistics of prisoners in institutions. These are people who have been punished for the commission of some act by imprisonment. Those who have committed some antisocial act and have been discharged and those who have been punished in some other way than by imprisonment—by fine, for instance—are not counted. On the other hand, some people who have not really committed antisocial acts, but have been convicted and sentenced to imprisonment, are counted in.

If different peoples differ in their ability to escape punishment, the ratios will not give the true difference in regard to the commission of antisocial acts. Applying this to the question of the immigrant, some students of the subject say that certain peoples among the foreign born elude punishment in greater proportions because the immigrant group will protect the criminal of its own nationality and because the police have an insufficient knowledge of their language and methods. On the other hand, the foreign born are found largely on the lower economic levels, where it is less easy to find resources for a proper defense in court. And in a large class of cases this works directly and obviously to increase the rates for the poor. In cases punishable by fine or imprisonment, the poor man will take the imprisonment, the man with money will pay the fine. The former will appear in "criminal" statistics, the latter will not.

Another difference will appear according to whether prison population at a given time is counted, or commitments during the year. Obviously, the prison population at a given time will give a higher proportion of those who have committed offenses involving a long term of imprisonment, while statistics based on commitments will show a higher proportion of minor offenders, whose terms last much less than a year. Should the foreign born be more largely represented among the minor offenders, "criminal" statistics based on commitments will place him at a greater disadvantage than statistics based on population at a given time.

A common fallacy in all statistics of special classes is found in the failure to clear away conflicting factors. For instance, if we compare the rates for the foreign born as a whole with the rates for the native born as a whole, we are comparing groups that differ both in age and sex composition, and criminality as measured by number of prisoners is seen to vary by sex and age as well as by country of birth. The native-born population contains a large proportion of women and children, and the rates of criminality for women and children are always comparatively low. The foreign born include a large proportion of young adult males for whom the crime rate is generally higher. If we compare the same age and sex group for the foreign born and the native born respectively, the differences are greatly reduced and the native and foreign born are seen to be much alike. And these are simply the most obvious of the factors involved. Other differences besides that of birth might be shown that would affect the statistical result. Of course, we can say that we do not care what factors are involved, that we are interested only in the fact that so many foreign-born persons give us so many criminals; but really we are not satisfied with that result. We really are trying to find out how far foreign birth, distinct from age and sex, is responsible for differences.

It seems plain that the statistical method cannot give us information about actual criminal tendencies on the basis of any material that we are collecting or are likely to be able to collect.

We should like, if we could, to distinguish in our measurement of peoples between their inherited, native qualities and those developed in them by environment. We know that intelligence is a valuable quality, and so tests have been devised intended to measure the variability of inherited intellectual capacity. This is not the place to discuss in detail the intelligence tests now in use. I will simply point out some difficulties in their application as selective tests for immigrants.

An item of value in these tests is that definite scales of measurement are established, and the units of investigation can be counted accurately according to measurement. But, as with other statistical methods, a further question is, what is counted? These tests are called "intelligence" tests, but each test is, strictly speaking, a test of ability to perform an operation of a given sort under given conditions. It is an inference that ability to perform this operation indicates "intelligence" in a general sense. Furthermore, in its application to the social problem, we have to make the further inference that "intelligence" in a general sense is the sort of ability needed to handle the particular problem involved.

Those who are actively engaged in dealing with social problems are skeptical as to generalizations based upon the intelligence tests—for instance, those that show high percentages of mental defect among special classes. They question the methods used in the test, and the extension by analogy of the results found for one group to other groups. They feel that insufficient measurements have been made of groups not in the special classes, and suspect that if the same methods were used for the general group from which the special groups are drawn, similar percentages might be found, and at the same time the general group would be found managing its own affairs with a fair amount of success—making a living, rearing families, and keeping out of prison or almshouse. Those who are actually working with immigrants see many a peasant worker who would probably rank low in the intelligence tests who is making a success of his life in all important respects.

They are by no means satisfied, either, that the tests so far worked out are strictly tests of inherited capacity. Surely the ability to meet any test will vary with the condition of the person taking the test, and should such tests be used as a method of selection at a port of entry, surely that is the very place at which an immigrant would show his ability to the least advantage. Nor are the contents of the tests themselves above criticism. Elements in the Army B test may be pointed out that presuppose certain experiences which not all those subjected to it may have had. And in such a test, arranged to do away with language distinctions, there is the further difficulty of understanding instructions given in dumb show. Even the signs made to show the person tested what to do may be more or less intelligible according to his previous experience and habits of expression. A story that illustrates this difficulty is told of a teacher who was trying to teach English to foreigners by the "natural method". She was endeavoring to put across the meaning of the word "tired" by laying her head wearily on her arms. After long study, one of the men cried out triumphantly: "Ah! Drunk!"

And something besides intelligence, even in special applications, is involved in social problems. High intelligence may be ill directed. There is a general idea that a high correlation exists between low intelligence and crime. Various estimates have been made of the proportion of low mentality among criminals. It has been said that 50 per cent of those confined in penitentiaries and reformatories are mentally defective. It has also been said that 75 per cent of all criminals are under the mental age of twelve. Such general estimates are based on tests of small samples in the first place, and will vary according to the tests used. As a straw in the opposite direction, it may be noted that Dr. Glueck found, in a study of 213 foreign-born prisoners at Sing Sing,[1] that 35 per cent of them, as measured by a standard test, had a mental age under twelve, exactly the same proportion found in the army draft, as given in the summary table that has enjoyed such wide currency.

Whatever the proportions, however, we must again remember that the "criminals" measured are prisoners, not all who have committed crime, and that presumably their intelligence level is lower than that of those who have managed to elude the law.

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[1] See *Crime and Immigration*, by Kate Holladay Claghorn. *Journal of the American Institute of Crime and Criminology*, Vol. 8, pp. 675–93, January, 1918.

We evidently need something more than an intelligence test for measuring differences between people that are important from the social point of view. The intelligence test gives only one value, intelligence, in one particular application. There are different types of mental ability; we ought to know something about them, and we ought to know something of temperament—a word we may use to cover various combinations in the general complex of instinctive and motive forces.

When we try to establish units for these and then try to count them, however, we find ourselves in difficulties. Take the individual analysis card of the Eugenics Record Office as an example. The person questioned is asked to grade by underscoring his general mental ability, general memory, special memory, apropos association, constructive imagination, poetic imagination, logicalness, concentration, special ability or lack of it in art, craftsmanship, letters, science, and the like; to tell his prevailing mood, periodicity in nervous behavior; to characterize by underscoring regularity in habits, purpose or coördination in work, ability to profit from experience, whether living at high, medium, or low nervous tension, whether hard or easy to get along with, and the like; to evaluate by underscoring common sense, industry, persistence, moral courage, physical courage, sensitivity to pain, moral discrimination, conscientiousness, self-control, self-respect, and so on.

In such a list we are getting varieties that mean something socially. But here we ask, how do we know that the person is really persistent, courageous, and so forth, and how do we know that the list given sums up his character? Apparently such lists could vary with the imagination of the framer and in fact they are found to do so.

And naturally the answers to the same question for the same person could vary widely, according to who is doing the testing, since no objective test is made. The answers will be opinions or estimates only. If the subject fills out this questionnaire himself, he will hardly know how to describe himself, if he is honest, and in any case will naturally tend toward describing himself in what he considers to be a favorable light.

Such lists, besides, do not give a basis for determining desirability. The same quality may be desirable or undesirable according to the relation in which it is manifested and the point of view of the person making the judgment. Is persistence a desirable quality? Yes, we would say, and yet certain immigrant peoples are criticized for their ''persistence'' in certain relations. A recent magazine article characterizes our colonial ancestors as the ''finest race'', the ''bravest, most hardy, most independent peoples of Western Europe'', the ''sturdy, liberty-loving New England stock''. The same adjectives, however, could be applied just as truly to their predecessors in the land, the Red Indians, the original Americans, and yet they did not appeal to our ancestors as ''desirable''.

A difference in generally accepted preference may show itself in the use of a favorable or an unfavorable term for the same character. The man who is praised as law-abiding by one may be reproached as slavish by another; a person may be characterized by one observer as ''lawless'', by another as ''independent'', and so on. It would not take much ingenuity to construct a long list of qualities, and their opposites, to each of which a favorable and an unfavorable name might be given.

For practical purposes it would be better and simpler to show temperament in action, to show actual response in a given situation. This is exactly what we want to answer our questions on social problems. We do not just want to know whether a man has the quality of persistence, but what he is persistent about. If we study people in action we may find that in certain circumstances the same qualities may lead to different results, and that in certain other circumstances different qualities might lead to the same result. And it is the result, after all, that we want to characterize as desirable or undesirable.

For instance, an Italian official the other day was discussing the behavior of the men in the Italian army. We hear of the Italian as a poor soldier, and we find the individualistic spirit a striking characteristic in him. Naturally he is a poor soldier, we think, because he is unwilling to obey orders. But this official showed that when officers took pains to explain to their men the reasons for the operations that were to be undertaken, the regiments fought courageously, while those to whom operations were not explained could not be depended on so completely. Another temperamental type would have worked to the same end through command without explanation.

If we try to study temperaments and characteristics in actual situations, we not only secure a kind of information that is of more use to the student of social problems, but we insure greater accuracy. If I describe some actual occurrence in which "persistence", for example, is shown, I am more likely to describe it as any one else would agree it should be described, and I am better able to understand whether "persistence" in the person studied is a "desirable" quality.

The type of research, then, that is needed to throw light on social problems is the type that shows relation, not an abstracted, individual trait—the type that shows process and not merely a situation. What is needed is a study of responses, which means a study of interaction, and this means a study of stimulus as well as of response.

How shall this method be worked out as a means of evaluating our immigrant peoples? A practical means is the intensive study of personal histories. Such a study should cover the environmental factors, physical and social, and should pay especial attention to the attitudes of mind, the reactions and responses, of the individuals studied in relation to the environment. We should begin with the individual immigrant in his old home, learn about his surroundings, his ideals, his successes and his failures and how they came about; we should follow the same man to this country, again study his surroundings, his attitudes, his successes and failures. This means that we must study the American environment, the surroundings into which the immigrant comes, as carefully as we study the immigrant himself. This necessity is often overlooked. We think it enough to study the immigrant by himself, not in relation to the forces at work upon him. We have a tendency to assume as surroundings for the immigrant an abstract "American" community, embodying a standardized set of ideals and purposes with which the immigrant is more or less out of harmony, to which we wish to "assimilate" him, and an abstract immigrant "colony" which, we think, is generally bad and from which we want to remove him.

The situation is not so simple as that. There are innumerable "Americas". There are many ideal "Americas", not one, as we discover if we pay attention to the actual expressions of one group and another; and the real "Americas"—the community surroundings in which the immigrant finds himself—differ widely. And we cannot understand the immigrant or what he is going to mean in our life without understanding just what "America" he is living in.

Such personal histories will include so many elements that we cannot hope for much success in applying statistical measurements. In a collection of many of them, however, certain uniformities of connection between circumstance and response will begin to show themselves, not reducible to mathematical ratios, perhaps, but, like the cumulation of lights and shadows in a composite photograph, giving us a more or less definite portrait of a type.

These uniformities will for one thing give an indication of profitable lines of treatment of a problem, and the treatment itself will become part of the process of research—the process of experimentation that is so badly needed for the development of a social science. Or, if we find that treatment is impracticable, and that conditions will, in all probability, remain the same, then if undesirable results are found following certain combinations of individual and environment, we can put a stop to the admission of such individuals as are likely to fall into such combinations.

It is frequently urged, against restriction of immigration, that the undesirable results shown are not the fault of the immigrant, but of the American environment, and that the immigrant should not be shut out for what is not his fault. This argument would hold were we likely to change the American environment, but if present conditions are likely to continue, the results are just as undesirable as if they were the fault of the immigrant. Studies of the kind mentioned, however, showing clearly the real pressure upon the immigrant of the American environment, would afford a stimulus to improving conditions that the average citizen, immersed in his dream of an ideal "America", has not had before.

How shall such investigation be carried on? The social workers of the country have developed a technique especially adapted to the collection of material of this nature, and have made contacts through which it can be secured. And they have already collected a body of information of which use may be made. The material now on hand, however, is far from adequate. To carry out the task of research more completely, the social worker needs further training in the summarizing of material and greater financial support in carrying on research work.

Some of the large organizations are already starting work of this kind on their own account. A glance over the field indicates how fruitful are the possibilities. The numerous organizations interested in family and child welfare have great opportunities for studying the capacity for self-help, for wholesome family life, the standard of living, the culture and ideals and attitudes, of the immigrant, and the results of immigration in the second generation, in different immigrant peoples in direct relation to the circumstances in which they are manifested. The probation officers and social workers in courts of domestic relations can throw much light on family problems, with their social background. Social workers connected with the criminal courts can gather the social facts that are needed to give the inner meaning of the external measurements afforded by statistical ratios. Medical social workers are in an admirable situation to get facts about physical stamina and recuperative power. Psychological clinics connected with social agencies can correlate mental tests with specific lines of activity and specific environments.

We need, beyond the study of special classes reached directly by the social agencies, a study of the non-special class, of the average man as he is found plugging along at his daily work in the community. Contacts with this class can often be made indirectly by these agencies through the persons with special disabilities with whom they deal directly. The aid of the visiting teacher and the settlement worker, also, may be enlisted for the study of this non-special class.

A general advantage enjoyed by all types of social workers is the opportunity for continued contact with the subject of study. It is impossible to get such trustworthy information about details of a life history, about attitudes of mind, in the brief and hurried visit of an investigator who is a stranger to the person studied, as from repeated contacts made by one who has become known as a friend and a discreet person. Many a well planned study has been spoiled by this lack of continuous acquaintance.

It will be noted that nothing has been said in connection with this plan of research about distinguishing between strictly hereditary and environmental factors. For use in helping to solve the practical problem of selection this does not seem possible. The difficulties in the way of making a clear distinction between the two are great. And if we had it, we could not use such information to select immigrants on the basis of "race", because the races, so far as we are able to distinguish them as local or language groups, are made up of diverse hereditary strains. And to untangle the purely hereditary characters of the separate strains so that undesirable strains could be excluded would take so long that the subjects would be dead before the tests could be applied.

The immigrant as he comes to us, however, has developed, as a result of heredity and environment together, a fairly measurable and relatively enduring system of responses, which studies of this kind will show us, and which will be of practical help in determining what types shall be admitted to this country and—of equal if not of greater importance—what treatment shall be given to the types now here.

For whatever we do about selection for the future, we have the problem of the immigrant already with us. The "foreign white" of yesterday in all his varieties has become the "native white of foreign parentage" of to-day, and will determine the "native white" of to-morrow just as surely as if not one additional foreign-born person should be received here.

PSYCHOANALYSIS AND THE SCHOOL*

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THE fact that I have been asked by the council to open this discussion suggests to my mind two things: First, that what I have said and written on the subject of education has had a share in contributing to this honor; I hope I need not say how much gratified I am thereby. But, further, the invitation suggests that *your* profession is still willing to learn something in this connection from *my* profession. That is important—and I think it is desirable. In any case, it stands for the two aspects of analytical psychology that I propose to discuss to-day.

And here let me make a technical reservation. This discussion is entitled *Psychoanalysis and the School.* But we have it on the best possible authority that the theory and technique laid down by Professor Freud alone constitute ''psychoanalysis''. Now however much we may appreciate the epoch-making work of the founder, we are not obliged to accept *in toto* the philosophical theories that he has enunciated and continues to elaborate. Therefore, it behooves us to make use of a different term if we wish—as I do—to express something wider than Freud's personal views. I propose to substitute the phrase ''analytical psychology'', and to discuss briefly its place in education.

As I have already suggested, this raises the question of the relation of teacher and doctor in analytical psychology. To one who has already had the temerity to publish his views upon that subject,[1] this relationship is a matter of obvious importance. Only last term I happened to be present at a school speech day. A well-known head master made a speech. He complained that the teaching profession had for long endured the interference of Fleet Street, but that now that Harley Street had begun to add its criticisms, it was time to protest. He begged his hearers to believe that schoolmasters were experts, and to be trusted as such. I felt remorseful, and almost decided to leave education alone in the future. But his next sentence changed my feelings: ''If there is one thing'', he continued, ''which we school masters have learned, it is that the boy educates himself.''

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* Read at the joint meeting of the Psychological and Educational Sections of the British Association for the Advancement of Science, at Hull, September 8, 1922.

[1] *The New Psychology and the Teacher.* New York: Thomas Seltzer, 1922.

Now if I have a cardinal belief about education, it is that the child can educate himself only in a favorable environment. Our educational world is slowly realizing that fact, and laboriously trying to correct environments that we now recognize to be soul-destroying to both child and adolescent. In this reform, the ancient and famous school over which the speaker presided does not take a prominent position. Therefore I consider that the statement ''the boy educates himself'' was one of those half-truths that are worse than a lie; and while the people who claim to be educational experts are uttering these half-truths, there is at least one man in Harley Street who remains disinclined to hold his peace, however much the experts may resent his or his colleagues' interference.

And by what authority do we physicians claim this right to raise our voices on questions that do not fall within our own professional sphere? Analytical psychology is regarded by some as a method of treating functional nervous disorders. So it is; but this is, or should be, a small part of its purpose. Open air is an accepted method of treating tuberculosis, but the gospel of open air should have an infinitely wider function than that. Its real value is preventive; its application should be universal; its propaganda should be in the hands, not of doctors only, but of all who have charge of the young; and its ultimate justification should lie in the empty sanatoria of the country. So it is, or should be, with analytical psychology. Its value has become apparent in the treatment of disease, and it has been the privilege of physicians to announce to the world how much suffering and inefficiency can be rectified by enabling the victim to understand his own emotional life. But its real value should be preventive, its application as universal as that of open-air doctrines, and its propaganda carried on, not by doctors, or even by cured and grateful patients, but by all who have any stake in the next generation. Finally, the ultimate justification of analytical psychology would lie in a complete lack of employment for those who, like myself, spend their time in trying to straighten out warped lives. If I may carry the analogy a little further, you teachers will recognize that "the interference of Harley Street", of which complaint was made by the head master whom I quoted, is an interference that will be justified until parents and teachers can show that they are playing their part in the preventive side of the work.

I have heard it said that we doctors had better convert our own colleagues before we set out to preach to experts in a different department. I beg to differ. Much as I may deplore the blindness, or alleged blindness, of many members of my own profession on this question, I feel it to be a matter of secondary importance. Apart from the parental function, the doctor can do little more than the average man to obviate neurotic calamities, and if he cannot cope with the calamities when they occur, the victims can seek help elsewhere. The teacher, on the other hand—be he parent or not—has the greatest of opportunities for saving young people from the rocks of neurosis and the shoals of inefficiency. But—and here comes the real burden of my discourse—if the teacher is to pull his weight in this matter of prevention, he must know how to value it for himself. We do not want teachers who are content to subscribe to the upkeep of the sanatorium; we cannot be satisfied with teachers who keep class-room windows open, and sleep with their own windows shut; we must have men and women to whom this gospel has a personal application and a subjective value.

And what is this gospel that you teachers have to practice first and preach afterwards? In two words, I should say that analytical psychology means self-knowledge and straight thinking, and that it signifies these two things in a degree never attainable before Freud and those who have followed him made it possible to investigate the unconscious. And, in practice, what does this mean for the educationalist? Nothing less, I venture to submit, than a perfectly new era in education. The first stage in education may be described as that in which the teacher was expected only to know Latin, if he was to be regarded as competent to teach John Latin. About half a century ago, the idea began to dawn—very gradually, of course—that it would be a good thing to know, not only Latin, but also John. And now we come to the third era—the most challenging of the three—when you are expected to know not only Latin and John, but also yourselves. In short, the thing that I am demanding of you is self-knowledge and straight thinking as applied to the teacher himself, and as reflected in his teaching capacity.

Some of you have doubtless traveled this road a long way, and are quite possibly better equipped to voice this challenge than I am. For such I would only add to my salutation the warning that it is necessary at all times to make the manner of your conversation worthy of the gospel you are trying to commend. You will not commend that gospel by a feverish attempt to analyze each of your pupils. *Observe* analytically, by all means; you can never do too much of that. But that is quite another thing from active analysis, which may be frequently necessary, but is never unaccompanied by risk. The more experience I have of analytical work, the more chary do I become of the partial analysis without reasonable assurance of its being carried to completion. The teacher who begins to make a child think analytically is taking upon himself a serious responsibility, and may well find himself in a very awkward position with regard to the pupil's parents, who generally constitute the *fons et origo mali,* but have rarely commissioned the teacher to embark on this enterprise. People who devote their time to analyzing children and adolescents, like my friend Dr. Hamilton-Pearson, have a far better chance of making a success of analytical treatment, quite apart from their presumably greater skill and experience. It seems to me that the teacher's analytical function is to observe and understand his pupil and, when necessary, to recommend formal analytical treatment.

There are, however, two lesser warnings that I should like to express. In the company of analysts, actual and would-be, and of analyzed, psycho- and otherwise, I frequently perceive two tendencies that have a peculiarly irritating effect upon outsiders. The first is the tendency to jump to conclusions, to postulate motives and mechanisms that are analytically possible, or even probable, but that savor to the unitiated of arbitrary guesswork. So it is a valuable form of self-discipline for the initiated to refrain from expressing to the uninitiated such of his thoughts and theories as cannot be justified by some show of reason. The second tendency that outsiders resent is the pigeonholing method and the labeling system. If we are perpetually attributing to our friends, colleagues, or pupils, Œdipus or Electra complexes, we may be employing a convenient jargon suitable for our own use, but it is one that is quite naturally irritating to others. I have no doubt that as some of my analytical friends perceive the announcement of this address, they will murmur to themselves: "There he goes again, trying to work off his Gamaliel complex."

But apart from those of you who are initiated, there are likely to be some who feel profoundly discouraged by the nature of my challenge. You feel that you have always tried to know yourself, as well as your subject and your pupils. You feel that you have done everything in your power to increase that knowledge. You feel that analysis is a long, exhausting, and for the most part expensive business, and that it is not for you in your crowded and absorbing life. Let me sympathize with you, and at the same time give you a word of encouragement. As far as the expense of analysis goes, there is the Tavistock Clinic in London, of which I have the honor to be director, where we try to solve these problems. We are always glad to undertake the treatment of elementary-school teachers and of all such other teachers as are not in a financial position to face the ordinary fees for analysis. At the clinic this treatment is given by specialists at nominal fees. Then, we also arrange courses of lectures, and are prepared to arrange similar courses in the provinces under the auspices of educational associations and the like. Furthermore, we have experienced leaders of study circles, whom we are prepared to send to local groups by arrangement. Finally, our lecture secretary is always pleased to answer inquiries about books; and in these days, when such a literary spate is in progress in the analytical world, guidance of this kind is often of real use. So I bid you not to despond, but to get hold of what you can and wait patiently for further opportunities.

In addition to the two classes of the initiated and the discouraged, there is conceivably a group among you who may be represented by the head master I quoted at the beginning of my address. Perhaps they will object to being described as "the complacent"; they might also object to the epithet "reactionary". Shall we call them the "resistant"? It may be that this group is not represented in this audience, and as I labor under the disability of speaking before, and not after, the discussion, its presence must be a matter of surmise. Shall we assume, then, for the sake of amity, that the resistant educationalists are unrepresented at the British Association, and on this assumption agree to talk *about* them, rather than *at* them?

Let us clearly understand, in the first place, that a bad teacher may be what he is either from temperamental causes or from character causes. Temperamental failures are irretrievable failures, and no amount of psychology, old or new, will make a good teacher out of the man or woman temperamentally unequipped for the vocation. That is, of course, a truism; nevertheless I have mentioned it because I see around me many analysts attempting to make the silk purse out of the sow's ear. Not even psychoanalysis can achieve this miracle. No treatment can cure the color blind; no training can save those who are tone deaf; no amount of analysis will give, let us say, a sense of humor, to those who have entered the world without it. I hope you will not think me frivolous, for I am in real earnest when I say that there is only one tragedy greater than the teacher without a sense of humor, and that is the psychoanalyst who is similarly handicapped. The teacher who always takes his pupil *au grand sérieux* and the analyst who does likewise with his patient are both apt to end in the tragedy of taking themselves seriously. From this and other temperamental failings analytical psychology offers no complete escape.

To-day, however, we are concerned rather with the great category of failures attributable to character that is undeveloped or ill developed; and here analytical psychology has much to say and serious hope to hold out. I have referred already to the necessity for the teacher to know his pupil. We recognize to-day that it is due to our manifold repressions that we cannot get to know our pupils. It is the complexes that produce our own mental astigmatisms that prevent us from seeing in true perspective our pupils' natures. Just as the astigmatic is unaware of his failing, so we are unconscious of our psychic defect until analytical tests are applied. When we have made contact with our own unconscious, we begin to recognize the difference between our *anima* and our *persona,* between our true self and the self we imagine we are, between the subjective and the objective sides of our character. With this new revelation, we can begin to apprehend what we could not apprehend before: that the stupidity of one pupil, the laziness of another, and the apparent viciousness of a third are but the objective manifestations of subjective maladjustments that cannot be cured by an objective attack, but demand a much more careful subjective approach. Furthermore, it is only in the light of analytical knowledge that we can assess the factor of unredeemed childishness in ourselves; and until that knowledge has been achieved, how can we help our pupils to grow up? It is impossible for the Peter Pan type of schoolmaster to lead his pupils anywhere except to the "Never-never Land". It is impossible for the Narcissan, permanently in love with his own "ideal ego", to bring a boy to face his "real ego". And what can be expected from an adult sensation-monger in the way of training children to forego the limelight? It has been said: "That fisherman deserves failure who allows his eager shadow to come between the sun and the stream." It is true; and there are not a few teachers who, blind to their own puerile characteristics, commit some or all of these failures of psychological immaturity. They are, no doubt, eager teachers, but for all their eagerness, they have never realized themselves; how, then, should they be able to lead their pupils to self-realization?

Perhaps it is in the problem of discipline that analytical psychology has the greatest contribution to make. There are many ways of meeting this problem. At one end of the scale is the method employed on certain training ships. It is a direct method, and it has a certain quality of effectiveness. Those of you who know what I mean will probably send your sons elsewhere. At the other end of the scale there is the *dernier cri* in the scholastic world—the really up-to-date school, which will celebrate its jubilee about forty-five years hence. It circulates a charmingly illustrated prospectus, showing the numerous amenities of St. Ursula's-by-the-Sea (or whatever its name may be). If you read the prospectus carefully enough, you are certain to find this phrase on some page or other: "The problem of discipline simply does not arise at St. Ursula's." In that case, all I can say is that it ought to arise, and if it does not, there is something wrong with the school. Think for a moment. You teachers are dealing with children and adolescents in the aggregate; your business is to harmonize the child's possibilities and the herd's requirements. You have these pupils under your care during the years when they are necessarily making that very difficult adjustment to herd obligation and authority. The problem is there all the time, and if there is a pupil to whom this adjustment constitutes no problem, there is probably something abnormal about his make-up.

I have indicated two extremes in dealing with the problem. Both to my mind are wrong; both suggest a lack of self-knowledge on the part of the teachers. What I have described as the training-ship method commends itself to men with an unresolved power urge, men who have little or no interest in the child's mental mechanisms, but only in his behavior. On the other hand, the visionaries who run St. Ursula's must necessarily achieve the solution of the discipline problem by the simple expedient of eliminating social demand. It is obvious that if punctuality and even attendance at meals are optional, no disciplinary problem can arise in this connection. I submit that the teachers who conceive and conduct establishments on these lines are deficient in self-knowledge. They may have been psychoanalyzed, but, if so, they are extremely bad advertisements for the treatment. They are clearly rebels to social authority themselves, and they think to develop the child's potentialities by removing from the school environment all that savors of authority. They may help some children; they certainly serve society very ill. Nothing, as you teachers well know, is more tragic than the youth who ends his so-called education without having made his adjustment to the herd. Obviously, then, the problem of discipline can be solved only by teachers who, in the deepest sense, know where they stand themselves; teachers who have escaped the Scylla of ultra-suggestibility and the Charybdis of a rebel reaction; teachers who recognize their function of interpreting to the growing mind—so often antagonistic, so constantly bewildered—in the wisest and most patient way the unescapable demand of the herd upon the individual's service and good will. These teachers, and these only, can successfully meet the problem of discipline. That problem can never be solved by those who think of themselves as "good disciplinarians". The hackneyed phrase conveys to my mind the sense of status that is sometimes found among those who fail to understand the real problem that confronts every adolescent.

I have used the phrase "sense of status"; I owe it to an article by Mr. Clutton Brock. It is an illuminating expression, and one that corresponds to the analytical conception of the "ideal ego" and, more or less, to Jung's *"persona"*. In all our dealings with the young, the most pernicious sense of status from which we can suffer is that of the adult. There are some teachers who cannot make any vital contact with their pupils because they cannot forget that whereas they (the teachers) are grown up, their pupils do not enjoy this inestimable privilege. It may be surmised with great probability that the dreams of such teachers are very illuminating in this connection. They might, for instance, dream of themselves as having adult bodies and dolls' heads; in a thousand other ways their unconscious is likely to pour ridicule upon their sense of being grown up. People who have grown up in the only true sense can make contact with children and adolescents just because they have none of that adult self-consciousness that I am describing. The teacher who is still hampered by it must necessarily maintain an attitude of patronage towards the young—and if there is one barrier more insurmountable than another, it is this of patronage. The child knows it intuitively and instantaneously; the adult is dismally unaware of it. It leads us to assume without ever a question that the adult way of doing a thing is infallibly the best; that if the child deviates from that way, he must necessarily be wrong; and by a simple step in logic, it leads to traditionalism of the worst type, and to that permanent distrust of the new which is the characteristic of every reactionary. There was a time when education consisted in forcing the child to follow in the footsteps of the adult, dragging him along. Then came the period when we recognized that he had to do the climbing himself, if we were content to show the way. Now we are learning that he has often to find for himself a new way, conceivably better than our own, perhaps leading to a different summit; and that his summit, perchance, may be a higher one than ours. We have to recognize, and that ungrudgingly, that the child is our inferior only on the conscious plane—that is, so far as logical processes and factors of experience are concerned—while on the unconscious plane—in matters of intuition, creation, art—he may very well be in a position to lead us, instead of our leading him. Let us, then, get away from our sense of adult superiority, and remember that potentially and intuitively there is no evidence of superiority to be derived from relative age. And the trouble with this adult self-consciousness of ours is that in the nature of things it does not proclaim itself in our adult world, and therefore it tends to escape correction at the hands of our candid friends or relatives. Here, then, is one particular psychological failure to which analytical investigation can very fruitfully be directed.

Perhaps, however, I am talking wide of the mark, and making a mistake in taking for granted that we are agreed as to what education means. Perhaps some of you have been impatient of my constant references to character and character growth. You may feel that all this fine stuff about self-realization makes little appeal to government inspectors; that if psychoanalysis can help Jones minor to get more than 20 per cent in algebra, you would be glad to go further into the matter. Ladies and gentlemen, if I have assumed too much, I can only express my regret. But, believe me, there is a very close connection between character and intellect. Aristotle wrote: "Neither is it clear whether education is more concerned with intellect or with character." From my own point of view, the matter is perfectly clear; but there is this much to be said from the teachings of the new psychology: If we seek the development of the child's character first, the growth of his intelligence rarely disappoints us. On the other hand, if we make the intellectual end the primary aim of education, character growth follows only haply and fortuitously, in certain temperaments, but not in the majority. And, after all, what society calls out for to-day, and what it has called out for in all generations, is adults with well-grown characters. It may not say this through the medium of Whitehall; it may not express it in any articulate form at all; yet that is at bottom the primary desire of society for the next generation.

Finally, let me say one word more as to the relation of our respective professions in this matter. Analytical psychology may make no appeal to you. You may be dissatisfied with your results, but convinced that improvement cannot come along these lines. I beg you to think again, and to remember that your work must pass the critical examination of analysts in the days that are yet to come. This year you may succeed in getting Smith minor through some examination, and you may feel satisfied. Ten, twenty, thirty years hence, your Mr. Smith, suffering from headaches and insomnia, may tell the analyst who is treating him that the sinister individual in that nightmare recalled to his mind a certain master who, when he was fifteen, pushed him through an examination; and he may add: "He was a regular slave-driver. I used to wake at night thinking of my work. I think it was then that fear began to take hold of me." I am not speaking fancifully. Every analyst comes across such cases frequently; and when I meet them in my consulting room, I feel how much poorer an opportunity is mine of curing this troubled soul than was yours, when you might have made him into a man, and when, instead, you made him into a neurotic.

THE SIGNIFICANCE AND MANAGEMENT OF HYPOCHONDRIACAL TRENDS IN CHILDREN*

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IN 1919 an attempt was made to discuss 60 cases of chronic hypochondriasis which were treated on the wards of this clinic from 1913 to 1918.[1] The ages of these patients ranged from twenty to seventy-two, and their years of complaining from one to twenty-five. The somatic accusations, false so far as having any actual physical basis was concerned, included headache, dizziness, general weakness, nausea, vomiting, abdominal pain, eructation, ''acid'' stomach, flatulence, epigastric distress, anorexia, exhaustion, general pains and burning sensations over the body, insomnia, quivering and shaking feelings, backache, ''falling spells'', numbness, and the like. ''These symptoms occurred singly or in various combinations and permutations of distress, and resulted in all degrees of incapacitation from the cheerful ambulatory invalid, quite resigned to never knowing a well day again, to the individual who had not been out of bed for nine years.'' In studying the genesis of these invalid states, it was found that in every instance the distressing symptoms were substitutes for psychobiological material in the form of thwarted ambitions, petty jealousies, romantic disappointments, an empty and dissatisfied life, a desire to escape marital or domestic responsibilities, and many another unhappy ingredient of life's experience. But having enucleated this psychogenic material, the question arose as to why the break of adaptive compensation in these men and women should express itself in a hypochondriacal substitution rather than in an affective or schizophrenic mechanism.

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* Credit for the reconstructive social therapy of these cases is due to Miss Elizabeth Breckenridge Cross, of the Psychiatric Social Service Department of the dispensary.

[1] See *A Study of the Invalid Reaction,* by Esther Loring Richards. *Archives of Neurology and Psychiatry,* Vol. 2, pp. 393-413, October, 1919.

Is it by accident that one takes out his bitterness and fears in harboring unjust suspicions against his viscera? And if there is a certain amount of specificity in the adaptive mechanisms of adults, how do its selective characteristics get a start? In a study of the 60 cases already referred to, as well as of many subsequent invalid types, facts of personal background have stood out frequently enough to be matters of common observation. One is a difficulty in accurately dating the present illness; another is the patient's tendency to put his symptoms on a constitutional basis of inherited weakness and natural predisposition to specific disabilities. At first blush, it seems possible to fix the onset of the hypochondriacal complaints upon a childbirth or an operation, or some other period of unusual strain, but on careful resection of individual symptoms, it becomes evident that the headache, the weakness, the belching are merely accentuations of lifelong types of distress. "Don't ask me when I began to have stomach trouble", said a weary sufferer from Tennessee. "I can't remember when I didn't have to be careful of what I ate." Then followed the inevitable completion of the couplet: "My mother complained of her stomach all her life, though the doctors never could find anything wrong with it."

In view of the constant presence of such data, it seemed but natural to follow the scent of these observations into the pathways of childhood to see whether that period has anything to contribute toward a better understanding of chronic hypochondriasis. Without heroic efforts to recruit interesting material, it has nevertheless been possible to gather a certain amount of information on this topic from a leisurely study of children who have been admitted to our psychiatric dispensary during a period of two years. From September, 1920, to September, 1922, 623 children were examined in the Phipps Psychiatric Dispensary of the Johns Hopkins Hospital. Of this number 167, or 26 per cent, seemed to be pure cultures of neurotic traits uncontaminated by mental retardation, delinquency, or somatic deficit of any kind.

The field of neurotic manifestations in children has been most adequately furrowed by Dr. C. Macfie Campbell in his paper of 1916.[1] Under this heading he puts enuresis, sleep disturbances, episodic emotional outbursts ranging from temper tantrums to spasmophilia, and tendencies to somatic complaints, among which headache and cyclic vomiting predominate. These symptoms represent adaptive mechanisms born of a variety of conflicting trends in individual make-up and environment, and are established for the purpose of dominating the surroundings, with varying degrees of awareness on the part of the child. But apart from the purpose that they wittingly or unwittingly serve, there remains the question of the origin of these symptom pictures. In the scale of etiological possibilities, constitutional instability, or neuropathic constitution, has long occupied the most prominent place in the minds of physicians and laity. The properties of nerve tissue still have a fascinating mystery in the realm of physiology. The science of reflexes and the organization of structure has quite naturally become overgrown with theories of function that cover the whole field of conscious activity. A well known authority on the science of behavior has written a book in which he has attempted to reduce all mentally integrated activities to functions of the neuron pattern. Concerning memory, he writes[2]: ''Of the properties inherent in nervous tissue, we shall consider irritability, because this is the basis of memory. . . . When a stimulus is applied and neurokyme flows over a given line of neurons, those neurons are somehow changed, and changed more or less permanently. . . . The change in the neuron shows in consciousness, when the stimulus is again applied. The new element in consciousness results in a recognition of the fact that we have had this experience before. Memory as thus described is a property of nervous tissue. . . . Wherever there are neuron patterns, be they simple or elaborate, there will be this memory (natural retentiveness). It is not subject to training or education.'' In the light of such researches as these, the immutability of native endowment assumes terrifying proportions, and inheritance does something more than qualify the possibilities of growth and development.

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[1] *The Neurotic Child. American Journal of Diseases of Children,* Vol. 12, pp. 425-44, November, 1916.

[2] See *Psychology of the Normal and Subnormal,* by Henry H. Goddard. New York: Dodd, Mead, and Company, 1919. pp. 69-72.

A second etiological viewpoint recognizes the neurotic manifestations of childhood as a biological adaptation quite divorced from conscious design or purpose. They are surface bubbles from deeply hidden springs of internal conflicts associated with the two great forces which govern all conduct—*i.e.*, the ego instinct (self-preservation) and the sex instinct (race preservation). The behavior of the child must be interpreted through an understanding of the development of these two instincts. Since all his creative tendencies must in the ultimate analysis be traced to the sex instinct, one is forced to reconstruct the evolution of that instinct in the individual child. Perchance in the autoerotic, the homosexual, or the heterosexual stage, the dropped stitches of the neurotic conduct will be discovered in a parent-child conflict, or in a poor handling of other love interests.

However many cases there may be that seem well groomed in either of these etiological models, there are yet a goodly number of conduct disorders in children that appear adequately clothed by simpler hypotheses of origin. Among this number the children with hypochondriacal complaints seem definitely to belong. The group is not large. Of the 167 children referred to above as showing pure cultures of neurotic traits uncontaminated by mental retardation, delinquency, or grave somatic deficit, 13 per cent exhibited a definite tendency towards hypochondriacal complaints. The stories of these 22 cases are outlined in the tables that follow this article (pages 60–69) under the headings: *Age-Sex, Complaint, Duration, Somatic facts, Reaction pattern, Situational data, Adjustment program, Follow-up notes.* The ages of these children ranged from three to fifteen years, and the duration of their complaints at the time they came to the psychiatric dispensary varied from three weeks to nine years. Their symptom-pictures of distress are strangely similar to those of the adult-invalid types—palpitation; shaking in stomach; headaches; pain in chest, abdomen, and legs; weakness; giddy spells; fullness in the epigastrium; "I feel all played out"; "Sometimes I vomit a lot, too". Behind these cries there was comparatively little background of somatic facts as discovered by pediatrician, laryngologist, ophthalmologist, or laboratory diagnostician. Fifteen cases were physically negative; four showed some eye strain; and two had a tonsil-and-adenoid condition for which operation was advised. From an etiological standpoint the most significant part of the chart record is found in the columns entitled *Reaction pattern* and *Situational data.* Here, in all but one of these 22 cases, we see children who expressed complaints that they had absorbed from an atmosphere charged with hypochondriacal utterance and fear of disease, objectively reinforced by numerous prescriptions, patent medicines, and the medical folklore of neighborhood gossip. With the pattern of these reactions well established through the daily contacts of actual behavior, it needed but the catalyzing agent of some unusual circumstance or emotional strain to produce a symptom-picture quite baffling to the ordinary approaches of clinical procedure. The disease problem here embraces not only the complaining child, but the whole family of which he is so often an insignificant part. To feed an anxious mother reassurance in a few hurried moments snatched from a busy dispensary is usually a waste of even that small amount of time. She feels that her child is being medically misunderstood as she herself has been for many years, and begins with him a weary round of other dispensaries and doctors, till, perchance, she finds a physician who takes the patient out of school and initiates him into lifelong habits of placebo therapy.

In approaching the 22 cases presented in this paper, the adjustment program of each individual child has been constructed in the light of an intensive study of the family problem. With the exception of four out-of-town patients, this reconstructive therapy has been carried out by means of psychiatric social service. In taking hold of a case from this angle, the first contact made at the clinic between family and worker is of vital importance. The patient seen and talked to there accepts the worker on her visit to the home as an accredited ambassador of the physician whose advice was sought at the hospital. The best results are obtained when the visit to the home is made within twenty-four hours after the patient's first visit to the clinic. It is easier then to emphasize the advice of the physician and clear up any points that may not have been clearly understood in the diagnosis. On visiting the home, the reception accorded varies from understanding to antagonism, depending on the intelligence and sincerity of the patient's parents. If they brought the child to the clinic as one more link in an endless chain of doctors and medicines, their attitude is usually one of tolerant indifference and more or less suspicion of the power of the physician without the aid of drugs. On the other hand, if the parents are determined, at any cost to their pride or their preconceived notions of child rearing, to get at the bottom of and remedy the evil, whatever its source, the matter of readjustment is comparatively simple. The success of one's reconstructive mission in a home where the child is a problem is often determined by discovering who is the guiding spirit there, and whether this guidance is born of authority or affection. If the father is stubborn and too aggressive with the child, his attitude can often be modified by his affection for the mother, who indirectly wins him over to the insight that she herself has gained. On the other hand, if the mother is too lax in discipline or over-solicitous in attitude, her resistance can often be strengthened by her respect for the father's judgment. This will often influence her to try a new course of procedure, even though at first it finds little favor in her eyes. The battle is won for the child only when the parents pull together and unite in concrete action on a definite course. Another important factor in gaining an entrée to the home is the coöperation of the school. There is seldom any difficulty in getting the ear of fathers and mothers whose children have been referred for examination by their grade teacher or principal. In the mind of the average American child and the members of his family, the public school stands as the first institution in the land of their choice, and there is no more sincere tribute paid to the teachers in our schools than that expressed by the respect with which they are regarded in the homes from which their pupils come. Overworked and overcriticized as they are, the teaching body as a whole is unusually attentive to, and patient with, the individual child problems that come to their notice.

Among this profession in the city of Baltimore it can be said that there is hardly one teacher in fifty who will not go more than halfway to coöperate in any wholesome reconstructive plan that is suggested for a member of her brood.

In connection with reconstructive work as outlined in this paper, it is also well to remember that some problems take time to unravel, and that it is not possible to change overnight grooves of thought that have been worn deep by a lifetime. Many unfortunate situations are only accentuated by hammering at them, and often after a visit or two it is found that the plans of readjustment formulated with such care are not acceptable to the family. In such instances nothing is so wholesome as to leave the situation to prove itself untenable. If the need is great enough and the plan of adjustment is practical enough, these facts will demonstrate themselves. But if the family of the child gets the impression that they are conferring a favor on worker or physician by adopting the advice offered, even though they follow it to the letter, the result is not the same as if they make the wisdom of the plan their own by discovery. In short, the goal of the adjustment program in each case has been a gradual awakening of parents and teachers to the real needs of the individual child, and the enlistment of their mutual coöperation in carrying out definite plans of action.

In reviewing the data of the follow-up notes, one is struck by the rapid subsidence of somatic incapacitation after the adoption of the new therapeutic régime. Of the 22 cases described, 18 showed a complete elimination of complaints within a period of from one to two months after the first visit to the dispensary. One of the remaining four we were unable to follow because of the family's removal to another city. The three other children are as bad, if not worse, than before their first examination by reason of our utter inability to elicit the coöperation of the parents. One of these three victims of environmental malady is a county ward of one of the child-placing organizations of this state, and hence beyond the jurisdiction of our psychiatric social research. But the passing of somatic complaints has not been interpreted as arrival at a satisfactory adjustment goal. It is unfortunate that space forbids recording in the column of follow-up notes the story of what the rehabilitation of the child has meant in the way of insight to the family from which it comes. Here and there the facts are touched upon in a few words of tabulation, but the details of the picture could be reproduced only if it were possible to accompany each number on the charts by a complete case report in the body of this paper.

Case Histories

No. 4 was a Jewish boy of fifteen who was brought to us by his father in January, 1921. Belying his well nourished body and good color was a youth who slouched in his chair, grasped his head with both hands, and moaned aloud. ''My head hurts awful. I have pains in my chest and stomach. My legs are so weak they are no good.'' The father, sitting helplessly by, volunteered that the boy ''was never so strong always''. As he enlarged upon the ills of this branch of the family tree, the dispensary record of the patient's mother was brought to the examining room. Upon it were these descriptive words written nine years previously: ''Patient sits in chair pressing top of her head and moaning 'oui'.'' During the passage of years this woman has acquired lengthy records in six different departments of our out-patient service, where she has complained, without discoverable physical basis, of ''headache, dizziness, anorexia, heartburn, night sweats, flatulence, bloody stools, swelling of legs, palpitation, pain over heart, weakness''. Her two oldest children (daughters) have dispensary records of the same general coloring.

The patient made the seventh grade at fourteen years in spite of very irregular attendance. He was ''disgusted'' with school and left it, to become in a year's time equally ''disgusted'' with innumerable jobs, which he held from two to three weeks at a time till unendurable somatic distress forced him to quit.

A complete physical examination found him in excellent condition. A report of this fact neither comforted nor convinced the patient or his family.

The social background was that of the Russian-Jewish immigrant. The parents came to this country shortly after their early marriage, and were immediately swamped by crowded living conditions, a stern economic struggle, and a rapidly increasing family. The father had aspirations to establish himself as a tailor, but the family demands for livelihood have kept him at his original job of presser. The mother has apparently never had the time or the urge to develop any interests outside the household and her own bodily sensations. With the coming of the children and their problems of development, the strain of domestic relationship became acute. Under a régime of petting, nagging, scolding, and utter lack of training in habits of living or behavior, the children grew up into a band of individualists who were constantly at odds with the school. Any attempt on the part of father or teacher to insist on simple discipline sent them howling to their mother, who immediately defended them by loud arguments delivered in their presence. At what point the adaptive mechanisms of the patient and his siblings began to take the form of hypochondriacal complainings it is hard to say. That such a pattern did crystallize, and did so by reason of certain determining factors of environment, are facts that it does not require a great stretch of the imagination to accept.

Therapeutic Adjustment

From the standpoint of therapeutic adjustment, this case has been a failure, and will probably continue to be so in view of the facts outlined above. To be sure, the patient has worked six months on the same outside job, partly, one suspects, because his father insists on the boy's contributing something toward the family budget. At the close of the day's work, he falls heavily upon the parlor sofa, where he is not infrequently found with hat and boots on, describing his symptoms to an anxious audience. So far it has been impossible to get him to say that he enjoys a single moment of his life.

No. 12 is a happier case. At the time of his first visit to our dispensary, he was a boy of almost nine years who was brought by his mother because of ''weakness,'' ''tendency to heart trouble'', and ''insomnia''. Since birth he had been ''under the doctor's care''. As a baby he vomited much. He went through the usual childhood infections without adventure. At five he was circumcised and had an adenoidectomy. His schooling began with kindergarten at four. He attended school very irregularly up to eighteen months previous to his visit to the dispensary, when he was removed on a physician's advice because of sleeplessness. At the time of his examination he was still taking capsules at night for insomnia. In spite of these handicaps, he had arrived at the third grade, and standardized with an intelligence quotient of 100 according to the Binet-Simon test. The patient's living habits were satisfactory. He had a bed to himself, and went to it early. It was always possible to coax him into eating wholesome food. Underneath his complaints was a healthy boy's desire for play.

Physical examination in our children's dispensary revealed a normal body in every respect.

From a social standpoint, one found a boy who for seven years had been the only child in a home of comfort and indulgence. The father earned a good salary, but stated that in the last nine years he had spent over five thousand dollars in doctors' bills on mother and patient. The mother was always ailing, with symptoms referable to every organ in her body. In seeing and talking with her, one could almost reproduce in fancy her anxious watching for the appearance of her own weakness in the person of her only child. She carried him in her arms to kindergarten for a year, and subsequently warned his teachers to report at once any phenomena of behavior that might point to overstrain. (She herself was told that she had had St. Vitus dance as a child.) As a result, the patient at eight and a half years was bathed and dressed by his mother. He cried for what he wanted and was openly disobedient. When pressed in matters of discipline, he complained of feeling badly, and talked freely of his heart and stomach and nerves being out of order. The father's attitude was one of silent acquiescence and patience.

Therapeutic Adjustment

The first point in a reconstructive program was the elimination of drugs, insistence on regular school attendance, and avoidance of spoiling on the part of the parents. With such a background as that described above, it seemed unreasonable to expect that parents and child could quickly revolutionize their habits of thinking and acting, even though the former accepted the principle on which the physician's advice was based. Accordingly it was suggested that the patient board in a county home to which we sometimes send children in need of habit training. The patient was installed in this home, where a week later he was found by the worker, overalled and sunburned, eating without capriciousness and sleeping without medicine.

The next step in the adjustment problem was the mother. She was given a thorough and detailed examination in various departments of our dispensary. A "grumbling appendix" was the only abnormality discovered. Operation was advised and performed, following which there was a marked improvement in feelings of bodily health and freedom from discomfort.

The family's monthly visits to the farm were unannounced, and surprised the patient in embarrassing activities of vigor. As the time for their leaving drew near, he cried, begged to be taken home, and on several occasions even hinted darkly at headache and unwholesome food. Toward the latter part of the summer, the father's business necessitated temporary removal of the family to another city. Should they take the patient or leave him in the country for the next six months? The subject was broached to us by letter, and later made a matter of conference, with the result that the parents were quite willing to leave the child in an environment that had already proved so beneficial. The following paragraph from a letter sent the father just prior to this conference gives some idea of the type of *rapport* that can exist between family and social worker: "The boy is not a delicate child, but it is the physician's belief that he needs to remain still longer in an environment where he cannot impose on those in authority over him. The stand that you and his mother have taken is an excellent one, and I can assure you that if you can bring yourselves to leave the boy where he is, you will be doing him the greatest kindness in your power. He will have regular hours and regular school attendance. These things would be difficult, if not impossible, for you to regulate when in the process of getting settled in a strange city.

"I would suggest that in your plans for W. you do not discuss them with him or before him. He is sure to take sides, and if he can get between you and precipitate a discussion, he has more than won the day."

Discussion

These two cases were selected for detailed presentation because their material embraces facts typical of all the 22 children described in this report. The contrast in their adjustment possibilities and the difficulties actually confronted in this process are strikingly similar to the problems that occurred in the entire group. Here are two boys who have in common a history of long-standing hypochondriacal complaints in a setting of parental spoiling. In both, the utilization of symptoms for the purpose of dominating the home situation is self-evident. How much of this utilization was deliberate, and how much was the by-product of habitual action and thinking, it is impossible to estimate. The interesting feature of these cases is the remarkable likeness between the complaining reactions of the mother and those of the child. The very somatic discomfort can almost be localized area for area. Are we to put these two adult-child experiments of nature side by side and dismiss their occurrence as the phenomena of inherited nervous instability? On the other hand, can we offer helpful understanding by interpreting such manifestations as identification, reactions of a mother-son attachment motivated by jealousy, and other forms of subconscious striving after race preservation? Are the facts in the columns headed *Reaction pattern* and *Situational data* too simple to be used as etiological evidence in an examination of the complaint? We speak of a focus of infection in anomalies of joint and gland behavior, even though the eye cannot follow the processes of transition, and yet we hesitate to speak of the infectious material of daily example, even though the conduct disorder of the mother can be recovered in almost pure culture in the complaints and behavior of the child. If play activities can be used as interpretative of the psychobiology of childhood, it would seem that imitation exerts no mean force in determining the stream of childish conduct. The simple start in *playing* this or that may go over into autistic flights into the world of make-believe so delightfully perfected in detail that they become habitual refuges from the drab and concrete. And if imitation and fancy grow into more or less conscious alliance in healthy play reactions, how much more easily can their unwholesome combinations of distress come into being in the presence of suggestive daily environment! Moreover, the longer the exposure to such environment, the more indelible the reaction patterns. For this reason the ideal adjustment in the case of No. 4 and No. 12 was their immediate removal to an atmosphere of better conduct examples until the independent reëducation of mother and child reached a stage where they would be safe for each other's society. The parents of No. 4 could not be induced to make trial of such therapy, though finances for the experiment could have been procured. The results obtained by such methods in the case of No. 12 speak for themselves.

The cases numbered 5, 6, and 13 are interesting in that they represent an acute onset of somatic complaints precipitated by scare reactions. The home atmosphere of these children was charged with somatic suggestibility that needed only a small flame, such as the health talk by the teacher or the fright aboard the steamer, to produce a combustion of panic and complaint. The course of events is well displayed in the following record:

> No. 6 was a boy of nine when he was brought to our dispensary in November, 1920. He is the fifth in a family of six boys. The parents are Russian Jews who came to this country shortly after marriage and, in spite of rearing a large family, have managed to establish themselves in a small, but fairly well-paying tailor's business. The four older boys went through the lower grades and are working, so that the family budget is comfortable.
>
> The parents describe themselves independently as "nervous" and "not so strong", but in spite of constant complaining, there has been no real incapacitation. The father of late years has been seeking doctors and patent medicines for "bladder trouble". The mother has been a frequent visitor in various departments of our Hopkins dispensary, where "palpitation" has figured largely in her complaints and "neurasthenia" in her diagnoses. The older boys glided through school and family training without acquiring the evidence of much supervision or direction. Each left school and got work as soon as he was eligible, proclaiming his emancipation from authority in ways that made him a desperate hero to his younger brothers. The parents attempted to deal with this insubordination by loud arguments, empty threats, tears, and supplications, so that one could not cross the family threshold without being definitely conscious of a spirit of contention.
>
> The patient's personal history was relatively uneventful. There had been some enuresis and night terrors in his background, but their occurrence had either been too transient or too slight to elicit a voluntary recital from the parents. His school career included a repetition of the first grade, the result of poor attention, mischievousness, and irregular attendance. When out of school, the child played constantly on the street. He was in the habit of going to the movies almost daily, which made his bedtime about 10 P.M. As to personal traits, one could say that the patient was spoiled, but not disagreeably so. He got his own way at home by impertinence and sly disobedience, at school by clever affability, and on the street by "scrapping". In short, his behavior reactions were so like those of his brothers and the neighborhood boys that neither parents nor teachers noticed anything remarkable about him until the onset of the complaints for which he was brought to our dispensary. The story was that three weeks before, while in school, he had felt faint, dizzy, weak, his extremities had grown cold, his heart had beat fast

''like a hammer'', and he had thought that he was going to faint. The feeling had passed off in a few minutes. After a second attack in school several days later, his mother had put him to bed, and while he had experienced only three of these seizures in the past week, his mother had been obliged to stay with him day and night for fear that he was going to have another spell. Her impatience with this tyranny and her fears for the child's health were reflected in the remark: ''All day he hollers, 'Mother, I die!' and keeps his hand on his heart.''

Examination in the pediatric dispensary was negative. Questioning as to the events that preceded these attacks brought out the fact that the day before the first ''spell'' in school, the teacher had given a health talk to the children, and had stressed the importance of care in eating fruit lest the seeds and pits ''go down the wrong way and kill you''. In some way the child got the notion that if an apple seed slipped down his trachea instead of his esophagus, it would be carried by the circulation to his heart and kill him. Childlike, he had not confided his fears to any one. The wisdom of his conduct did not seem so questionable when later on the physician began to explain the situation to the mother and elicit her coöperation. Her first impulse, on hearing the story, was to punish the child for being so ''dumb'' and ''crazy'' as to cause her all this trouble.

Therapeutic Adjustment

The patient was assured as to the impossibility of his fears being realized, and the parents were urged to ignore his complaints without ridicule, teasing, or punishment. The teacher also was more than eager to obtain and act on a new point of view. The patient had no further attacks of palpitation and faintness, but did show a tendency to cling to his mother, especially before going to sleep at night. The situation was not difficult to handle, however, and in a month's time the fears and complaining reactions were things of the past. He is now in the fifth grade, and his school life seems to be running more smoothly—perhaps as a result of increased interest and attention on the part of his teachers.

With the adjustment of the immediate child problem, our attention turned to the family group as a whole. The first step was a settling of the somatic status of its complaining members. The father was persuaded to go through the genito-urinary clinic of our dispensary. His examination revealed no abnormal condition, and he seems to have accepted this reassurance since he has not gone to any other physician for treatment and advice up to the present time. The oldest son was having friction with his employer over the amount of work put upon him. He was tense and irritable, and complained of fatigue. A thorough examination in the medical dispensary revealed a double heart murmur and myocardial insufficiency. Although there was no decompensation, his job did involve too much strain. The employer was quite willing to meet us halfway in the matter, and other work, better suited to the man's condition, was found, and has proved a success. The clearing up of this situation with the oldest son has done much to bring peace to the family circle.

The patient's mother still continues to complain, but without the drive of real worry. Her utterances on health topics give the impression of being merely social commonplaces.

Discussion

In an estimation of case material such as has just been described, the feature that stands out is a somatic suggestibility that seems to be touched off by fright. A health talk by teacher or school nurse, a movie of blood and destruction, a street scene of accident, are not easily forgotten, but form the substance of rumination and fancies unconsciously molded into the reaction patterns by which the child has been surrounded since birth. And what is the vital spot in this incapacitating distress? Is it ruminations about death and the swallowing of seeds, or the child's tendency toward the expression of somatic worries? Upon this query the program of adjustment depends. In the handling of such cases, it has seemed to us wiser not to probe for the content of fancy beyond the patient's voluntary associations, but rather to stick to the topics of family and situation upon which there has been in each case a wealth of facts. Behind the fears and complaints of the child are the fears and complaints of those with whom he is in daily contact. In the home of No. 6, for example, illness and the fear of death were perhaps the commonest associations of household thinking, and it seems only reasonable to suppose that such a fact would exert great influence upon the health conscience of the younger inhabitants. Here the therapeutic forces were directed not only against the symptomatology of the patient, but also against what appeared to be its vital etiology.

There is yet another type of case in this group that deserves mentioning, and that is the child who, after a real illness, seems loath to give up his symptoms. We hear that the patient has never been well since a tonsil-and-adenoid operation a year ago, or since falling down a flight of steps, or since an attack of measles. Inquiry into these conditions reveals nothing remarkable, either in the course of the affliction or the development of sequelæ. Yet the child continues to complain. His parents grow more anxious and watchful. He is kept out of school and taken to physicians, who grope in vain for the cause of the complaint. As weeks and months go by, parents and child become more firmly intrenched in their respective habits, until gradually the patient comes to occupy the rôle of weakling in the household. From then on his outlook on life is fixed. The mechanism of this condition does not seem difficult when it is discovered. The illness itself involved the strain of physical discomfort and an upsetting of moods and habits of stability. During the period of incapacitation the small invalid occupied a place of importance in the consideration of the family that he had never enjoyed before. His wishes were consulted, his feelings were spared, his faults were ignored, in a way that was unconsciously gratifying to his personality. The transition from disease to former health and its drab satisfactions is not always easy in any case, but with some individuals the adjustment is undoubtedly harder than with others. To say that the child deliberately clings to his former complaints for the sake of ascendency over the family is to make a statement for which there are no proofs. Moreover, the conveying of such an impression to family or teachers subjects the patient to the possibility of being treated as an offender rather than as a problem for adjustment.

No. 7 was a girl of fourteen who was referred to us in May, 1921, by the medical dispensary of our hospital. The story ran that in December, 1920, she had an attack of acute abdominal pain with nausea and vomiting, for which she had an appendectomy on the surgical service in February, 1921. The appendix was inflamed, but there were no complications, and the patient made an uneventful recovery. Upon returning home and reëntering school, she developed the same symptoms. After several attacks a week or ten days apart, she was taken out of school and treated by a local doctor. In the latter part of March, she returned to our hospital and was admitted to the medical house service for study. All examinations were negative, and she was sent to us for examination and treatment.

The patient had been for seven years a ward of a child-placing organization in the state. No facts concerning her birth and early development were available. She had been in one foster home since coming under the care of the society, and that home is located in a small country town. Reports concerning her were always satisfactory, and the child seemed to offer no problem till the onset of the present illness. On questioning, the patient appeared to be a simple country child who presented no startling psychogenic material. She said that after she had gone home from the hospital and started to go around again, the attacks began just as they had before the operation. Her foster parents thought she should have rested longer before she went back to school. There was obviously no fear on the part of the child that her operation had not been a success. With her it seemed to be a question of breaking up an unhealthy combination of somatic reaction patterns and their unconscious associations.

Therapeutic Adjustment

Since one could not get in direct touch with the foster parents, or obtain a social picture of the case, it was necessary to take up the matter wholly with the patient. To this end an attempt was made to give her some insight into the mechanism of her attacks by comparing them with other forms of habit formation and the ease with which they linger. Whether through coincidence or as a result of the hour's discussion, the patient's symptoms faded away shortly after her dispensary visit, so that a report concerning her thirteen months later contains no mention of further somatic complaints.

In formulating the material of this study no attempt has been made to evaluate any theory, or to make dogmatic assertions of etiology beyond the peradventure of a doubt. The cases were put together for the purpose of grouping biographical facts associated with hypochondriacal reactions in children, and also for the sake of showing how these unhealthy manifestations of childhood can be modified through the simple medium of dispensary contacts. We know little, and possibly never will, about the alpha and omega of nerve-tissue physiology, and hence can speak only vaguely of its transmissible potentialities. We can and do observe the behavior of human beings in part reactions and in total reactions, and in so doing arrive at conclusions involving a certain amount of predictability. Examination into the disorders of these 22 children revealed groundless somatic complaints with which the child had become infected from various sources. In every case there had been a utilization of the symptoms for personal gratification, but in many cases it was hard to say how much the child was aware of this mechanism. In all but four cases a satisfactory adjustment has been obtained through a reconstruction of environmental influences with efforts particularly directed against the focus of infection. The modifications effected have been without elaborate dispensary organization or special technique of social research. Parents and teachers have been met on the common ground of mutual interest in individual children, and their response, except in a few instances, has been such as to lay the ghost of professional fear that the public is neither able nor willing to face an honest expression of plain facts. The handling of these facts may be criticized for overemphasis on the obvious and concrete at the expense of any systematic effort to get at real analytical problems of etiology. In defense let it be said that a careful study of these childish complaints has spoken so eloquently for a determinism of environment that the injection of complex material of theory and conjecture seemed not only impractical, but dangerous.

CASES OF 22 CHILDREN WITH HYPOCHONDRIACAL TRENDS TREATED AT

Number, Sex, Age	*Complaint*	*Duration*	*Somatic facts*	*Reaction pattern*
1. B. (4)	Head "hurts sometimes, and I vomit a lot, too".	6 months.	Adenoids and enlarged tonsils.	Mother has "nervous indigestion" and headaches. Father treated for "gastritis" since gassed overseas.
2. G. (10)	Recurrent somatic complaints. Pain and limping in left foot; pain and limping in right hip; "bilious" attack; pain at site of vaccination; headaches.	Complaining reactions (episodic) for 7 years.	Negative.	Sister died of sarcoma of tibia. Mother has headaches and digestive upsets.
3. B. (6+)	Pains in "stomach"; eyes and head ache. "My lips get stiff; and I vomit when I'm nervous."	1 year	Slight amount of eye strain.	Mother always dosing "to keep well". Neurotic vomiting during her pregnancies.
4. B. (15)	Pains in head, chest, abdomen, and legs. "Weak all time."	"Not so strong always." (Father)	Good physical condition.	Mother has 6 dispensary histories with diagnosis "neurasthenia". Typical complaint paragraph: "Severe headaches, dizzy, appetite poor, sweats at night, stomach burns, bowels cramped, blood in stools, legs swell, palpitation, mouth tastes bitter, feels weak, pain over heart." Two sisters have similar dispensary records.
5. G. (11+)	Palpitation, "shaking in stomach".	4 weeks	Negative	Complaints coincident with health talk by teacher. Story was told of boy who ate hard-boiled egg without chewing, and died of "gas in his stomach".

THE PHIPPS PSYCHIATRY DISPENSARY, SEPTEMBER 1920–SEPTEMBER 1922

Situational data	*Adjustment program*	*Catamnestic follow-up notes—September, 1922*
Onset of symptoms coincident with father's desertion of family and exacerbation of mother's somatic complaints.	Assist mother to understand rôle her symptoms play in child's picture; modify living arrangements (food and sleep habits). Avoid overindulgence. Urge nose-and-throat operation. Advise kindergarten as soon as child is eligible.	Headaches and vomiting disappear in 6 weeks. Parents divorced; mother working; refuses to allow tonsil-and-adenoid operation or to let child go to kindergarten. Reacts to domestic unhappiness by spoiling the children.
Father alcoholic. Continual friction between parents. No habit training at home. Family isolated on plantation. Patient obviously utilizes symptoms to get attention from mother.	Child sent to boarding school in neighboring city. Mother to keep in touch with clinic once in 3 months.	Mother has not returned for 9 months, but writes that child has expressed no further complaints. Teachers report satisfactory school adaptation.
Onset coincident with mother's nausea during her second pregnancy. Home atmosphere charged with imaginary ills.	Elimination of sympathetic inquiry; regular meals and sleep; regular school attendance. No discussion of "symptoms" in child's presence. Glasses.	No complaint of "stomach" pains or vomiting after 2 weeks. No further eye and head symptoms. Excellent school record for past year. Third grade September, 1922.
Immigrant background (Russian Jews). Poor economic adjustment. Mother's "neurasthenia" a disappointment reaction. Father's attempts to train children aggressively opposed by mother in presence of children. Home atmosphere one of argument.	Reëducation of patient impossible in this household. Urge regular work and systematic diversion.	Patient continues to hold his own in the family chorus of complaints, though he has kept a regular outdoor job for 6 months.
Patient lives as only child in home of two old people by whom she was adopted as a baby. Has always slept in room with foster parents. Tense make-up, easily frightened. Had been put in open-air class at mother's request, because she was "a delicate child".	Reassurance of child and mother; advise latter gently to ignore the nervous fears. Patient to have room of her own and go to it unaccompanied. To be put in regular class at school. General reactions of independence encouraged.	No fears of dying; sleeps alone; doing regular class work in sixth grade; more self-assertive.

CASES OF 22 CHILDREN WITH HYPOCHONDRIACAL TRENDS TREATED AT THE

Number, Sex, Age	*Complaint*	*Duration*	*Somatic facts*	*Reaction pattern*
6. B. (9)	Attacks of weakness, headache, palpitation. "All day he hollers, 'Mother, I die!' and keeps his hand on his heart."	3 weeks	Negative.	Attacks coincident with health talk by teacher who told of boy who swallowed apple seeds that lodged in the "pockets" of his heart, and he died.
7. G. (14)	Headaches, pain in abdomen (right lower quadrant).	5 months.	Appendectomy 2 weeks after onset ("inflamed appendix—no adhesion"). Eye strain.	Three weeks after operation pain recurred in supra-pubic region. X-ray, medical, gynecological, and gastro-intestinal examinations negative. Diagnosis: "Hysteria."
8. G. (11)	Shortness of breath, palpitation. "I feel all played out."	3 years.	Negative.	Mother has nervous indigestion (falls on floor when "gas" presses on heart). Father died of heart trouble shortly before onset of patient's illness.
9. G. (9)	"My back hurts me and my stomach is awful. My heart is bad, too. I go right down in school and fall asleep like. I get so bad my mother has to send for the doctor."	3 years.	Negative.	"My mother has plasters and everything on her back, it hurts so." Patient describes death-bed scene of her grandmother, who fell back gasping for breath. "I imagine when I get big, I'll die like her. Mother says I'm just like her."
10. G. (3)	Pains in knees to point of screaming at night. Pains never occur in daytime.	18 months.	Negative.	Father has always complained of "flying rheumatism" especially in knees and elbows; addicted to constant external and internal therapy. When not at work, he is waited on by wife and mother-in-law.

PHIPPS PSYCHIATRY DISPENSARY, SEPTEMBER 1920–SEPTEMBER 1922—*Continued*

Situational data	*Adjustment program*	*Catamnestic follow-up notes—September, 1922*
Home atmosphere charged with discord, nervous tension, and somatic worries. Father travels from doctor to doctor for "bladder trouble". One brother is congenital heart case. Mother has Johns Hopkins Hospital Dispensary record for 15 years in 7 departments; diagnosis: "Neurasthenia."	Settle somatic status of family by consistent follow-up work and reassurance, with domestic peace and higher economic status as goals. Distract patient from his complaints.	No real somatic trouble in parents, who have temporarily subsided from complaining. Patient's symptoms speedily disappeared, with no further recurrence after period of 2 years.
Patient has been ward of Children's Aid Society for 5 years. Foster parents live in country. No conduct disturbance at home or school. Patient took kindly to special considerations shown her after operation.	General discussion with patient of apparent utilization of symptoms. Eye strain relieved by glasses.	Report from case after 13 months contains no mention of somatic complaints.
Symptoms coincident with acquisition of stepfather, 6 months after death of her own father. Constant friction between children and stepfather. Following "scene" one morning patient "collapses"; diagnosed "heart trouble" by doctor. Taken out of school; bed régime—3 pillows.	Mother reassured. Patient to take up school and normal play interests.	After period of 2 years child shows no further complaints. Excellent school record. General atmosphere at home improved. Stepfather appears surprisingly inconspicuous.
Slovenly home. Mother harps continually on family illnesses, dragging patient and herself to herb and spirit doctors. Father works out of state, but pays doctors' bills. Mother has taught patient to believe in spells and charms and spirit rappings.	Attempt to reëducate family and inject a sense of social responsibility in mother.	Mother unwilling to believe she or patient is well, in spite of repeated examinations. Family in conflict with truant officers because mother keeps child out of school for imaginary illnesses. After 2 years patient now equals mother in the variety and monotony of her somatic complaints.
Onset of symptoms associated with jealousy at birth of baby brother and patient's removal from parents' bed to crib.	Ignore somatic distress; explain mechanism of symptoms to parents. Encourage play with other children.	Pains disappeared for 2 months, and since then occur at intervals when discipline is attempted by mother in father's presence. Latter insists there is physical basis for patient's pains as there must be for his own.

CASES OF 22 CHILDREN WITH HYPOCHONDRIACAL TRENDS TREATED AT THE

Number, Sex, Age	*Complaint*	*Duration*	*Somatic facts*	*Reaction pattern*
11. G. (14)	Sick and giddy spells, weak and tired all the time.	1 year.	Negative except for some dental caries.	One sister died of tuberculosis shortly before patient left school because of her complaints.
12. B. (8½)	Insomnia (capsules at bedtime for 1 year); weakness "heart trouble" (doctor said).	Treated as feeble by parents and doctor since birth.	Negative.	Mother a chronic invalid, with complaints referable to every organ in body.
13. B. (7)	"Nervous indigestion", fullness in epigastrium.	18 months.	Chronic tonsilitis.	Mother complains of kidney trouble and lack of strength. Worries aloud about dying young. One sister is headache invalid.
14. G. (11)	Headaches, insomnia, "sick stomach".	2 months.	Eye strain and carious tooth.	Present illness began with 2 day gastric upset (without fever), which precipitated outburst of parental worry.
15. B. (13)	Pain in limbs, twitching of eyelids, jerking movements at times.	3 months.	Negative.	Atmosphere of watching in home. Mother fearful of St. Vitus dance.

PHIPPS PSYCHIATRY DISPENSARY, SEPTEMBER 1920–SEPTEMBER 1922—*Continued*

Situational data	*Adjustment program*	*Catamnestic follow-up notes—September, 1922*
Mother's grief over daughter's death spent itself in anxious worry over patient. Latter found school unattractive and easily yielded to suggestion of oversolicitude.	Teeth put in order. Urge work for patient. Attempt to have mother ease up on the watching.	Patient held 2 jobs for 3 or 4 months at a time during past 2 years. Has gained 24 pounds. No further physical complaints. Mother frankly admits she does not care to have child work.
Father states he has spent $5000 in doctors' bills on mother and patient in past 9 years. Patient spoiled. Mother carried him to kindergarten for a year. Doctor took him from school one year ago because of his "health".	Elimination of drugs, regular school attendance, reëducation of parents. Removal of patient from home environment till he gets a good start in better habit organization.	For 6 months child has been boarded on farm, attending nearby school (high second grade; to be promoted to third in February, 1923). Patient sleeps all night, eats normally, no physical complaints. Mother operated on for chronic appendicitis. Expresses no further complaints.
Present symptoms accompanied a fright that patient had while aboard a steamer. Setting was that of excitement with gastric complaints that occurred whenever patient got "worked up". Doctor had given medicine for stomach trouble (1 capsule 3 times a day for 10 months).	Advise removal of tonsils. Eliminate drugs, ignore complaints. Gently suggest that mother complain of her own ills less audibly.	Mother refused tonsillectomy, but readily banished drugs and ignored patient's complaints. Nine months from adoption of this program mother cannot tell when patient's gastric symptoms disappeared.
Patient in seventh grade, great reader and daydreamer; late bedtime; food indiscretions.	Glasses, regular habits of sleeping and eating, less attention from parents. Keep in touch with clinic.	Patient is now in eighth grade and parents consider her well. After glasses, headaches persisted for a month, and gradually faded out as new interests developed. Patient plans to be gymnasium teacher.
Patient stammers slightly, is very sensitive, easily teased by schoolmates, clings to mother. Few play instincts. Binet-Simon test 10 years. (Two years' discrepancy due to shyness.)	Reassure mother that patient has not St. Vitus dance, and urge her to ignore his body movements. Attempt to develop other interests in patient.	Nervous manifestations have disappeared. In past 2 years patient has completed course in mechanical draftsmanship. Has job with manufacturing concern. Attends eighth grade in night school. Restandardization shows intelligence quotient of 100.

CASES OF 22 CHILDREN WITH HYPOCHONDRIACAL TRENDS TREATED AT THE

Number, Sex, Age	*Complaint*	*Duration*	*Somatic facts*	*Reaction pattern*
16. G. (3)	Since weaning at one year, patient has vomited 4-5 times daily.	2 years.	Retarded physical development due to unsatisfactory nourishment. Patient has been carefully examined in 2 children's hospitals, where no organic basis for disorder could be found.	Child vomited easily even while nursing. At weaning, symptoms became worse.
17. G. (15)	Irregular school attendance because of headaches, weakness; "feel bad all over".	4 years.	Eye strain (?). Tonsil-and-adenoid operation (1920). General physical examination negative. Lungs reported "clear".	Father said to be tuberculous, but not sanatorium case.
18. G. (8)	Pains in legs, arms, and head; afraid of dark; enuresis.	"She always is sick."	Referred by pediatrician as physically in good condition.	Patient had operations for birthmark at 2 and 4 years of age; at 5 a tonsil-and-adenoid operation. Placebos rather freely given.
19. B. (8)	"Poor appetite; rolls his eyes, shrugs shoulders, jerks hands; mouth twitches." (Mother's complaint.)	Since tonsil-and-adenoid operation 2 years ago.	Some adenoid tissue, slightly adherent prepuce. Pediatricians do not advise attention to these things for the present.	Mother is a case of hypochondriacal depression with negative organic findings as reported by three dispensaries.
20. G. (15)	Kidney trouble, pain in stomach and back; "no life".	9½ years, or since age of 6.	From 6 to 15 years patient had records in 8 departments of the Johns Hopkins Hospital Dispensary, with diagnosis of Neisser infection at 6 years and "marked neurasthenic ailment" at 15 years.	Father died of tuberculosis in 1912 after lingering illness. Patient was treated 1 year for Neisser infection. Two sisters have dispensary records characterized by many complaints and few organic findings.

PHIPPS PSYCHIATRY DISPENSARY, SEPTEMBER 1920–SEPTEMBER 1922—*Continued*

Situational data	*Adjustment program*	*Catamnestic follow-up notes—September, 1922*
Child is only girl between 2 brothers who are taught to defer to her in their play. Parents noticed that patient did not vomit when diverted, and was worse when crossed. Household activities gradually adjusted themselves to patient's habits.	Not to be humored when vomiting occurs, or granted any concessions from family routine. Develop play with other children.	Vomited once in 8 months following visit to clinic. Put in overalls to play outdoors. No neurotic symptoms until development of enuresis—marked at present time. Parents, wise to situation, have given consent to place child in country boarding home.
Onset of complaint coincident with mother's desertion of family. Patient placed in foster home by Children's Aid. Patient unhappy in home and school life (crying, restless nights.) Foster mother insists patient has tuberculosis.	Urge eye examination and removal from boarding home.	Foster mother uncoöperative about eye examination or changing her attitude toward child. Agency reports complications over disposal of case. Child out of school and in worse condition than on examination 9 months ago.
Father "nervous and trembles". Mother gets "weak and sick at stomach" when "worried". Parents worry over patient more than all the other children because she has "never been well". Child enjoys her prestige.	Mother urged to follow strict régime as to sleeping, diet, outdoor play, etc., and to ignore somatic complaints. Usual hygienic measures for enuresis to be tried first.	Unable to follow case. Family moved to another city shortly after first dispensary visit.
Domestic friction for past 2 years, resulting in separation of parents 3 months ago. Mother compensated by oversolicitude towards child. Feared he might develop St. Vitus dance. Financial strain.	Mother reassured as to her own condition and that of patient. Urged not to project her own fears on child in form of oversolicitude. Patient to country for summer. Advise school in fall.	Mother worked in country with child during summer. Cessation of complaining attitude of both. On return to city financial strain relieved by mother's earnings. Patient happy and doing well in school.
Patient is youngest of 3 children. Irregular school attendance ("ailing"), with loss of interest and gradual drifting into sexual indiscretions. Promiscuity for past 3 years. Mutual masturbation since 5.	Attempt to adjust patient to steady job, and solicit family's coöperation in utilizing her leisure for healthy recreation.	Patient working. Physical complaints quiescent. Neither family nor patient willing to receive insight into mechanism of case. Sex facts ignored by family. Patient probably continues promiscuity.

CASES OF 22 CHILDREN WITH HYPOCHONDRIACAL TRENDS TREATED AT THE

Number, Sex, Age	*Complaint*	*Duration*	*Somatic facts*	*Reaction pattern*
21. B. (10)	Pain in rectum only at night—dull ache lasting 2-3 hours.	At times for 2 years.	Referred by pediatrician as physically normal.	Father is sickly man, complaining of pains in different places over his body, but always does a day's work.
22. B. (8)	Pain on voiding. "My head hurts me." "My teeth hurt me."	4 years.	Dental caries.	Mother is schizophrenic with somatic harping. Regular bench holder in 6 Johns Hopkins Hospital Dispensary departments with diagnosis of *neurosis*. "Pains in head, insomnia, numbness, pains in heart."

PHIPPS PSYCHIATRY DISPENSARY, SEPTEMBER 1920–SEPTEMBER 1922—*Concluded*

Situational data	*Adjustment program*	*Catamnestic follow-up notes—September, 1922*
Patient next to youngest in family of seven. Pain in rectum was an autoerotic association unaccompanied by fear.	Adjustment attempted by talking over situation with patient. Mother reassured without discussion of etiology. Attention to family sleeping arrangements.	Patient in eighth grade at 12 years. Excellent curve of activities, no complaints.
Child has been constant companion of mother, who has traveled from city to city with her somatic delusions, which have only recently taken on explosive character.	Mother committed to state hospital. Patient put in Hebrew boarding home.	Three weeks after transfer, patient had shuffled off all somatic complaints. No return of symptoms.

A STUDY OF THE UNDERWEAR INDUSTRY

With Special Reference to Opportunities for Subnormal Girls *

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AMONG the many tremendous problems that modern science has brought to light there are two that are of vital importance to the social psychologist. First, how shall society deal with that class of people whose intelligence is below normal? Shall those of all grades of intelligence, from idiot to high-grade moron, be placed in institutions and segregated or sterilized; or shall society endeavor—with a certain amount of supervision—to make the morons and those of border-line intelligence self-supporting units in ordinary community life? The former method not only involves an enormous expense to the state, but there is not enough exact knowledge of the causes of arrested development, or of the special abilities of feebleminded persons as a group, to warrant a definite statement that those of the higher grades of intelligence can never earn their living in the community.

Experiments with this problem have been until recently almost confined to the organization of colonies in connection with schools. It cannot be definitely stated that this method presents a satisfactory solution, for the colonies, of course, include only a very small proportion of the total number of those who are suffering from mental defect, and the problem of expense remains as yet unsolved; moreover, the fact that mentally defective children are happy *in* colonies is no proof that the more capable ones cannot be adjusted to life outside of a colony.

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* The writer wishes to acknowledge her indebtedness to the following persons for their generous aid in illuminating many problems relating to the industry as a whole and to training in the needle trades: Mr. William Davis and Miss Molly Lipshutz, of the International Ladies' Garment Workers' Union; Mr. Hermann Mason, of the Cotton Garment Manufacturers of New York, Inc.; Miss Lucy Brown and Mrs. Solomon, of the Manhattan Trade School.

The school of thought that advocates the method of keeping subnormal young people in the community and training them to be self-supporting, so far as possible, is still in the groping, experimental stage. The experiment of placing boys on farms has worked out very successfully because of the opportunity it affords for careful supervision. The public-school systems in various cities have established ungraded classes in which they have given subnormal children short courses in sewing and ''manual training''. These cities have not yet published, so far as the writer knows, the results of their follow-up work, so that it is impossible to say whether these children have become self-supporting members of society or whether they are dependent upon their parents or upon some public institution. Psychiatric social workers say that it is very hard for them to place subnormal children in individual plants, because they do not know for what occupations the children are best fitted, nor do they know what plants are willing to employ them. The practice of consciously trying to adjust feebleminded persons to the community is as yet so new that no agency has, to the writer's knowledge, summarized and evaluated the results of its work over a long period of time.[1] The question of segregation *versus* supervision in the community remains, then, still unanswered.

The second of the two problems mentioned above has been raised by those interested in labor questions and has to do with the monotonous character of modern machine industry. So much has been written on this subject that it is unnecessary to elaborate upon it here. However, it seems to the writer that all the books that deal with it seem to assume a like degree of creative ability on the part of every individual. They take as their major premise the idea that *every* person is happier when his work is varied and complex and enables him to create an artistic whole; whereas psychologists know that people differ in intelligence and in special abilities and disabilities, so that work that gives one person no scope for his inventive and creative capacity may make another happy and contented.

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[1] EDITORIAL NOTE: Unfortunately extensive follow-up studies have not been made. However, Dr. Walter E. Fernald has studied the careers of 647 patients discharged from the Massachusetts School for the Feebleminded during a period of twenty-five years (see *Ungraded,* Vol. 5, pp. 25–31, November, 1919), and Dr. V. V. Anderson, in the Cincinnati mental-hygiene survey, investigated the after-school histories of 322 feebleminded persons in the community. (See *Report of the Mental Hygiene Survey of Cincinnati,* pp. 107–27.)

During the writer's own experience as an employment manager, several cases arose in which a worker was given an opportunity to be transferred to a more highly skilled and interesting operation. In practically every case where no monetary consideration was involved, the worker refused to learn the new operation, saying: "Why should I change? I can make just as good money on —. I know how to do it and it's *my* job."

Of course it is possible that these workers have become so used to performing simple, monotonous jobs that this seeming preference for them is an acquired characteristic. Yet this enjoyment of monotonous jobs does exist, and if it exists among normal people, it is very possible that it exists in a greater degree among subnormal; in fact, it is a commonplace among psychologists that mentally defective persons have not the ability to adjust habits of action to changing situations. Quoting from Goddard:[1] "In automatic action the immature mind is sharply differentiated from the mature mind. . . . Having been trained to do a thing in a particular way, he [the feebleminded person] will continue to do it that way even when conditions are changed and to the intelligent mind the fact is most obvious that it should be done differently."

Since it is a practical impossibility to revert to the handicraft system of production, in which every worker was an artisan, the obvious thing to attempt, at least, is some method of social control whereby the monotonous operations will be performed by persons who are incapable of doing anything more complex. Although no one has measured the actual amount of subnormality in industry, there must be large numbers of feebleminded persons actually engaged in the industrial system to-day.

Of course the difficulties in the way of this attempt are almost insurmountable. First, there is the problem of training and placement. It is very much more difficult to train a feebleminded person than it is to train a normal one. For instance, an experiment was made in the Vineland Laboratory to test the time required to learn an operation simulating a simple factory job. ‘‘Most normal people do the test at once.’’ Four moron girls, of ages ranging from sixteen to twenty-seven, were given practice on the apparatus devised for about half an hour a day, with the result that an entire week passed before any of them were able to do it successfully. ‘‘And yet, having once learned this process, they could do it as easily and as successfully as any one else. The point is, they needed to be trained to do a simple task which the normal person can do without any training.’’[1]

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[1] *Psychology of the Normal and Subnormal*, by Henry H. Goddard. New York: Dodd, Mead, and Company, 1919. p. 209.

There are two possible ways in which a subnormal person might be trained: first, in the shop by the foreman or by the plant instructor; second, in a trade school. Scientific methods of training in the shop are used all too rarely, and at the present time shop training is manifestly inadequate. If the foreman is accustomed to training normal persons, he will be apt to have little patience with one who is slow in learning and will undoubtedly speedily discharge the subnormal learner. If he is told in advance by the employment bureau that the girl is ‘‘slow’’, he will not be inclined to hire her, as foremen and managers always want a ‘‘good, bright girl’’, no matter how simple the job may be or how often experience has shown that very bright girls tend soon to leave the simple jobs. The consequence is that an employment bureau is confronted by a dilemma in trying to place an untrained moron girl in a shop. The so-called ‘‘vestibule school’’, in which beginners are given preliminary training before being placed on their jobs, offers a possible way out, but unfortunately such schools have been established only by a few of the more enlightened employers and are economical only in the very large plants.

The second way in which a subnormal person might be trained for industrial work is in a trade school. Here, again, there are difficulties. In a trade school for normal persons, pupils are instructed in every process of their trade. For instance, in the garment trades, girls are taught how to make an entire garment. Moreover, by making many different models of the same garment, they are trained to adapt their methods to constantly changing situations. This a moron is incapable of doing, as it is difficult for her to learn more than one method of performing the same operation. Hence she cannot be taught any trade constantly subject to change.

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[1] Goddard, *loc. cit.*, p. 302.

Moreover, the multiplicity of machine processes cannot be reproduced in a school. If a moron girl is trained in only one operation, such as she might possibly perform in a shop, the question arises, what particular operation shall be chosen? How is the teacher to know in advance that, at the completion of the pupil's training, there will be a demand for workers skilled in the operation chosen? Even in a single plant, methods of performing the simplest operations are constantly being changed. In a group of several plants, there would undoubtedly be many different methods of accomplishing the same result. In which of these methods shall the pupil be instructed?

It is, therefore, doubtful whether the trade-school method can be made applicable to the training of morons with any considerable degree of success.

There remain two compromise solutions. If it is possible to convince a manufacturer that it is to his advantage to employ feebleminded persons on simple jobs, he might then be induced to expend the additional outlay required to train them. However, the only advantage that could be held out to the individual manufacturer is that a moron might stay longer on a monotonous job than would a normal person. A few experiments have been made that tend to show that the labor turnover among morons engaged in monotonous work is lower than among normal persons engaged on the same jobs. In opposition to this view is the view held by Goddard that because those who are weak-minded lack judgment, foresight, and reason, they will give up a job upon the slightest provocation.[1]

If the motive of financial gain cannot be utilized, there is no recourse but appeal to the employer's social consciousness. Unfortunately, experience shows that such an appeal would have little likelihood of success.

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[1] Goddard, *loc. cit.*, p. 705.

The second compromise is that the state or some other agency might run shops that could specialize in the manufacture of such products as involve relatively simple operations, suitable to the capacity of morons. It is conceivable that such shops might be run on a commercial basis—that is, be entirely self-supporting—and might even make a profit. However, this raises the question as to the extent to which the state should enter the industrial field, and many complications, such as the opposition of private business and organized labor, are involved.

Realizing fully all of the above problems, the Vocational Adjustment Bureau was organized as an attempt to make subnormal girls self-supporting units in the community. The girls dealt with are all referred to the bureau by some other social agency—such as the Bureau of Children's Guidance, the Jewish Big Sisters, the public schools, the women's court, the children's court, the United Hebrew Charities, and the like—so that it is safe to assume that they have a reasonable amount of supervision. The bureau endeavors to place them in such jobs as its ever-increasing clientele offers. After intensive follow-up work over a long period of years, it may be possible to state whether such a method of dealing with large numbers of feebleminded persons is feasible. However, in order that the placement work might be done as intelligently as possible, the bureau organized a research department with the object of securing further information to aid in the placement of these girls. Although it is evident that no definite statement can be made except as the result of a trial-and-error method, the bureau felt that much might be accomplished in the way of intelligent guesswork. It is possible to discover which are the industries that have obviously simple jobs to offer, and in which industries and plants the remuneration for such jobs is highest and the working conditions most favorable.

As an initial step in the carrying out of this idea, a survey was planned of the women's underwear industry in New York City. This industry is probably the simplest in the needle trades, and so was chosen as a good trade with which to begin. Mr. Herbert Martin, of the M. M. Martin Company, and Mr. Rosenberg, of D. Rosenberg and Company, were kind enough to open their plants to the investigator for the purpose of a job study. A few jobs were found that might be performed by subnormal girls, and the bureau decided to continue its work in the underwear industry, so as to get a complete picture of the industry as a whole. This was done for two reasons: (1) it seemed possible that plants organized in a different fashion might present more jobs of a simple character, and (2) the information acquired by means of a survey of the industry would undoubtedly prove of great value in placing normal girls.

With this purpose in mind, the study was started in August, 1922, and finished in October, 1922. Calls were made on 70 establishments; of these, 24 had either moved to parts unknown or gone out of business, or refused or were unable to give any information. Hence 46 concerns comprise the total number included in the survey. The establishments were selected from a list given the investigator by the International Ladies' Garment Workers' Union Local No. 62. The list included both union and non-union houses, as well as some that had independent contracts with the union.

General Background

Before entering upon the history of the underwear industry, it would be well to define the term. The expression ''underwear'', or ''undergarment'', as used in this study, does not include knitted or glove-silk underwear, for the manufacture of these articles is part of the textile industry. It does include muslin and silk underwear of all kinds. The types of garments, arranged in the groupings in which they are generally manufactured, may be stated as follows: (1) muslin chemises and nightgowns; (2) muslin chemises, muslin and flannelette nightgowns; (3) muslin chemises, bloomers, nightgowns, and sometimes petticoats; (4) muslin and silk chemises, bloomers, nightgowns, and sometimes camisoles and negligées; (5) children's muslin underwear; (6) brassières.

The manufacture of underwear undoubtedly extends as far back into history as does the art of needlework, and quantity production of underwear is probably coincident with the manufacture of dresses and suits in quantities. This industry has experienced many ups and downs as the changes in fashion have influenced it, for while our mothers and grandmothers wore four or five stiffly starched petticoats, the woman of to-day rarely wears one. This fact, of course, has been a great blow to the underwear manufacturers, and when short, tight skirts became the style, the first branch of the underwear industry to suffer was that which manufactured petticoats. There were several firms that manufactured petticoats only; these were forced either out of business or into the manufacture of bloomers or silk underwear.

The vogue for silk underwear, arising during the period of high wages in 1917, proved a great boon to some manufacturers. It is not necessary to manufacture silk underwear in large quantities to make profits. Silk can be bought in small quantities, as cotton cannot, thus enabling the manufacturer to experiment with an idea before he goes into producing silk garments on a large scale. New firms, therefore, sprang up that manufactured silk underwear, and a great many of the old established firms added silk underwear to their line; whereupon the silk-underwear market became flooded with goods.

At about the same time the manufacturers of knitted-silk underwear entered the field; the flapper became the fashionable type, and a great many women began wearing glove-silk underwear. The sale of chemises went far down; some houses began to manufacture bloomers and so were able to carry on; others failed. When the silk market broke in 1920, a great many underwear firms failed and a great many others just managed to keep running. At the present time it seems that there are entirely too many firms manufacturing silk underwear, as well as muslin, for very few houses are running to full capacity, even though the fall is usually the busy season, and all employers complain that business has been generally bad for the last two years.

It would be interesting to know the number of underwear firms in New York City, but it is impossible to get accurate data. Nugent's *Directory for Fall 1922* lists 964 concerns under the title "Ladies' Undergarments", but this category undoubtedly includes jobbers, retailers, and establishments manufacturing negligées and knit underwear. The *Red Book* for January, 1922, lists 543, but the same objection applies to that. Mr. Hermann Mason, of the Cotton Garment Manufacturers of New York, gives as his estimate 250, but says that of these probably 100 are small houses employing only from six to eight workers.

There are no accurate statistics as to the number of workers in the trade. Neither the union nor the employers' association has kept records of these, and both say that labor is so fluctuating that it would be impossible to keep them. Mr. Davis, Secretary of the White Goods Workers' Union Local No. 62 (International Ladies' Garment Workers) estimates the number of workers in the industry to be about 8,000, and says the union membership is about 4,000. Mr. Mason, however, says that at the present there are probably no more than 5,000 workers in the industry.

There are two distinct districts where most of the underwear firms are to be found—one centering around Spring and Prince Streets and lower Broadway, the other extending from Fourteenth to Thirty-ninth Streets and across town from Seventh Avenue to Lexington, concentrating around Twenty-third Street. The rest are in the Allen Street district, the Fifty-seventh Street district, or far uptown.

The type of shop is somewhat dependent on the locality. Downtown, where the cheaper grades of underwear are produced, the shops are in lofts, generally dark and dingy, with old-fashioned lighting arrangements and unsafe exits. Business seemed to be duller downtown than in the Twenty-third Street district, although very few of the shops in any locality were running to capacity when visited. The method of production, machinery used, and so forth, seemed as modern downtown as uptown, but none of the downtown shops—except two of the largest—have installed any kind of "scientific management".

Uptown the shops are generally more modern and are better ventilated and lighted. They are housed in newer buildings, so that the elevators and stairways are as a rule better built and there are more of them. Uptown cheap and medium-priced underwear is manufactured, but also some very high-grade silk underwear and negligées. Here also the showrooms are more pretentious and one would judge on the surface that the more ambitious and successful firms were those that had moved uptown; yet many of these also were very slack or had closed down.

The investigator visited two firms in Newark. These were housed in two- and four-story brick buildings, with sufficient light and air and plenty of exits. One employed about 300 persons in the season, the other about 200. One firm in New York employs about 500 persons, while others employ as few as 6 or 10. The majority of the shops seem to employ from 40 to 80 persons.

With the exception of cutters and stock-room boys, the workers are all women. Because of the higher wages and greater amount of skill involved in the dress-and-waist industry, there is a strong tendency among workers in underwear factories to leave their jobs and ''hire out'' as hemstitchers or operators in a dress shop. Hence, if a girl wants eventually to be a dressmaker, a very good way to break into the dress-and-waist industry is by way of underwear and, according to Mr. Davis, this is often done.

It is a well known fact that the needle trades, especially as they are organized in New York City, present a serious problem of irregularity of employment. As far as can be judged from the data available, however, unemployment due to seasonality seems to be a far less grave problem in the muslin-underwear industry than in the other branches of the ladies' garment trade.

The only accurate study of seasonal fluctuations of employment was made by the United States Bureau of Labor Statistics in 1915.[1] To quote from their report, ''The busy and dull seasons in this industry were as follows: The first busy season, lasting from about the beginning of October to about the end of December, was followed by a somewhat slacker period of about two months; this comparatively dull period was followed by the second busy season of the year, extending over a period of about three and one-half months, when business again began to decline, reaching its lowest ebb during the months of July and August.'' At the present time it seems that the fall season begins about September 1 and ends a little sooner than December, as was the bureau's estimate.

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[1] *Regularity of Employment in the Women's Ready-to-Wear Garment Industries.* Bulletin No. 183 of the United States Bureau of Labor Statistics. Washington: Government Printing Office, 1915. p. 137.

By examination of the pay rolls of 30 establishments in the muslin-underwear industry, the bureau found that the difference between the highest and lowest pay rolls of the year, in terms of the average weekly pay roll, were: highest, 119.8 per cent; lowest, 70.9 per cent; the difference between the size of the pay roll at these two points being a little less than one-half of the average weekly pay roll for the year.

In the cloak-and-suit industry, these figures were: highest, 164.4 per cent; lowest, 43.2. The reasons for this greater fluctuation may become evident as we discuss the causes of these seasonal fluctuations in the needle trades.

The primary cause is, of course, the change in the weather. This cause affects the underwear industry—exclusive, of course, of knitted underwear—directly only in the manufacture of flannelette nightgowns. Although the custom of wearing them is rapidly dying out, they are still sold to a considerable extent in the country towns and in the West. This contributes directly to irregularity of employment, as the custom has grown up in many firms of employing girls to work *only* upon flannelettes, and consequently of laying them off when the slack season comes.

The contributory causes of irregularity of employment may be classified into four groups: (1) changes in styles, inasmuch as these determine the amount of manufacturing that can be done without risk in advance of sales; (2) degree of specialization; (3) scale of production; (4) quality of goods.

Changes in Styles

Until recently changes in styles have had practically no effect upon the manufacture of muslin underwear. With the short skirts, however, and the consequent cessation of the demand for petticoats and chemises, the underwear business has been greatly undermined. The underwear manufacturers are hoping that the present fashion of long skirts will do much toward restoring the industry to its former standard of prosperity. We may conclude that changes in outer garments cause, not seasonal, but annual or biennial changes in employment.

The vogue for colored underwear has had a great influence on regularity of employment. Even manufacturers who have a very definite policy of manufacturing for stock have been afraid to manufacture large quantities of colored underwear; some color might prove an utter failure. The factor of color even prevented them from buying material in large quantities. One manufacturer told the investigator that he possessed huge stocks of colored lingerie material that he never expected to use.

On the whole, however, the fact that styles in underwear last for two or three years and that the cost of material is low as compared with that of coats, suits, or dresses, tends to make the industry relatively stable.

Degree of Specialization

Although for the most part it is true that the higher the degree of specialization, the greater the irregularity of employment, yet the three plants manufacturing only brassières said that they worked steadily all the year round. There are other contributing factors to this stability, however, for (1) there is only a slight variation in the style of brassières and hence these concerns can manufacture for stock; (2) there is no seasonal peak of demand for brassières; (3) the material varies little and is of only two colors, pink and white.

Comparing those plants that manufacture gowns, chemises, bloomers, and drawers, silk as well as muslin, with those that specialize only on gowns and chemises, it is fairly evident that the former group have a greater chance of achieving stability of employment. A plant that can dovetail the manufacture of different articles may provide reasonably steady employment if managed intelligently and if the workers are trained to perform more than one operation.

Scale of Production

The figures of the United States Bureau of Labor Statistics show that in large-scale establishments employment is much more evenly distributed throughout the year than in the smaller. The range of pay-roll variation is half as large again in the small as in the large shops—96.7 points against 64—while the period during which employment varies by at least 20 points from the average is only five weeks in the large as against twenty-five in the small shops. This is attributed to the fact that in large concerns, which keep more or less detailed cost accounts, the importance of fixed charges is recognized and hence a conscious effort is made to distribute the work as evenly as possible throughout the year. It is impossible to check up this interpretation by information gleaned in the present investigation, for no manufacturer could give accurate information about his seasons at the present time, as both large and small houses are affected by the depression.

Quality of Production

Manufacturing for stock is one of the most widely used methods of stabilizing employment. It seems to be possible only in the production of the cheaper grades of underwear, because of the danger that a season will end with a stock of expensive goods still unsold. Most of the employers interviewed who manufactured for stock made cheap or medium-priced underwear, but two manufacturers of high-grade silk underwear said that they, too, manufactured for stock. These two, however, made very conservative models and could well plan to manufacture for stock, for persons buying cheap, flashy underwear want a choice of several models, while those buying expensive goods often prefer good lines and high quality, but conservative cut. It was impossible to get accurate information as to the exact number of firms that manufacture for stock, as many managers said that the last few years were utterly unlike any other period they had experienced and those who might have manufactured for stock during normal times are not doing so now.

Related Factors

Attempts may be made by individual firms to reduce the irregularity of employment by sending their salesmen out earlier than is the general custom or by refusing to rush orders, as well as by manufacturing for stock or by dovetailing. A policy of offering high wages to balance lack of year-round employment has been suggested as a method of stabilizing employment, but high wages are apt to produce an over-supply of labor in the trade. This practice is of no permanent value, as it creates a reserve force of labor upon which the manufacturer may draw in the rush season and hence discourages the effort to stabilize employment. Reduction of hours of labor and the union principles of double pay for overtime and of equal distribution of work have tended somewhat to discourage overtime and rush periods, but have not at all completely done away with irregularity of employment. One method of promoting year-round employment that might be followed is for a manufacturers' association to decide in advance upon the main points of the styles for the year, so that the factor of style changes might be eliminated. This method has been tried with no little success in the women's suit industry in Cleveland. It is always a question as to whether the public or the manufacturer or the buyer sets the styles; as a matter of fact, styles are probably due to the interaction of all three factors. Manufacturers might do more than is now done to stabilize the industry if it were not for the intense spirit of competition due to the existence of a large number of small shops.

Before attacking the problem of whether any operations exist in the underwear industry that subnormal girls could perform, the question arises as to whether it is wise to place the subnormal girl in an industry with even a *small* amount of unemployment. Judging from what we know of the psychology of feebleminded persons, it seems evident that their inability to plan would make it more advantageous for them to work in an industry where they would be paid regularly all the year round and would not have to put aside part of their wages to live on during the dull period. Moreover, a normal person might plan her life so as to go into another industry during the dull season, whereas the subnormal girl has enough difficulty in learning one trade and can learn two only at a great expense of time and energy.

NATURE OF WORK

There are several factors that determine an individual's fitness for a job. The most highly skilled workman is not necessarily the best employee, and while evidence of skilled workmanship is the chief factor in securing a job, other factors enter in if a man is to hold his job. A foreman judges a workman not only on the quality of his workmanship, but also on what may roughly be called his character. A man of emotional, high-strung temperament, who is constantly quarreling, either with other workers or with the foreman, is apt to be laid off in the slack season. A man who is constantly bothering the women in the shop is a nuisance and will not keep his job long. A man who has not formed a habit of coming to work regularly, who is often absent or late on some slight pretext, will be discharged at the first opportunity.

These are commonplaces when one thinks of normal people, but are apt to be overlooked when dealing with those who are feebleminded. It is very necessary to recognize that there are about as many variations in temperament among feebleminded persons as there are among the normal and that general intelligence tests do not reveal the whole of any person's character, but only a very small part. This point of view is well expressed by Augusta Bronner[1]: "Indeed it is quite doubtful if tests will ever offer an effective means of studying these complex aspects of mentality. The situations that in real life call the emotions into play are not easily duplicated in a laboratory; an artificial stimulus for arousing them necessarily would result in totally different reactions. How can one study experimentally love and hate as they affect behavior? Or what can tests reveal concerning the formation and results of antisocial grudges? Judgment as to defects in emotional life as well as in regard to will must be based very largely, if not altogether, upon the individual's social reactions. Recognition of individual differences in strength of the emotions, in powers of inhibition and self-control, will probably always rest mainly upon evidence gleaned from general behavior and incidental reaction, rather than upon results obtained by the use of a psychological test or series of tests."

It is possible to reason, however, in this fashion: the intellectual life controls to some degree the emotional life; hence if there is little intelligence, there will be little control, whether the emotional life is strong or weak. Unless habits of control are formed during the childhood of feebleminded persons, they will probably tend to be emotionally unstable. Translated in terms of work life, according to this theory the subnormal person in industry is apt to quit a job for some slight reason, is apt to stay at home if he feels slightly indisposed or if something comes up that he would rather do, and is probably more unreliable than a normal person.

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[1] *The Psychology of Special Abilities and Disabilities,* by Augusta F. Bronner. Boston: Little, Brown and Company, 1917. p. 21.

Besides this temperamental factor, there is the element of manual dexterity. Manual dexterity is not directly proportionate to intelligence; that is, an individual of the moron type might have a higher degree of manual dexterity than a person of mentality above the average. A few tests have been worked out to determine psychomotor control—the tapping test and the Stenquist test for mechanical ability—but they have not yet been thoroughly correlated with the work that people have done while actually employed. We conclude that since feebleminded people differ so among themselves both as to temperament and as to manual skill, there remains as a measurement tool only their one universal characteristic—their arrested mental development. Therefore, in our estimate of the "ability" of a subnormal girl to perform any particular operation, we use ability only in the sense of intellectual ability.

We shall, then, give a brief description of the processes in the underwear industry in a large-sized plant, and attempt to estimate the amount of intellectual ability necessary to perform each job.

A peculiar characteristic of all the ladies' garment trades is the large variety of models manufactured. This fact is applicable to the underwear industry and is very influential in determining the amount of mental ability required in an operator. This will be more evident as the processes are described. It is impossible to give a list of the processes in the order of routing through, as the routing system is different from plant to plant and even for the various types of garments. Systems of routing may be divided into two general classes: that used in houses doing "section work" and that used in houses doing non-section work. This division requires an explanation. The process of subdividing operations is still in the transition stage in the underwear industry. It is generally the practice, however, to do section work, or work in which the processes are subdivided to a very great degree, in those plants that produce cheap underwear. No hard-and-fast line can be drawn between section and non-section work, for in some houses the work is divided in one way and in others in another way. The general order of work in a non-section house is as follows: cutting, trimming, sloping, operating[1] (including always "complete operating" and such of the following as the model requires: zigzagging, hemstitching, featherstitching, catstitching, tucking, lace running, and, for bloomers, running a Merrow machine, a bloomer crotch attachment, and a special machine for inserting elastic), ribboning, examining, and pressing.

In a section house the operations are as listed above except that the operation I have called "complete operating" may be subdivided into such component parts as these: flat-seaming and felling, which are often performed by special machines or with special "feet", yoke making on flannelettes, bottom hemming, sewing flaps on chemises, and so forth.

It is necessary to give a short description of each process in order to make clear the reasons for the conclusions as to the amount of mental ability necessary.

Cutting

Cutting involves the following operations: laying up, marking, and cutting. The cutting room is equipped with two or three tables about 30 feet long. The goods come in rolls, and a roll is placed in a machine that runs in grooves along the cutting table, unreeling the goods as it runs. Often as many as four dozen thicknesses of cloth are unrolled or "laid up". After the material is laid up, according to the orders the cutter has received, the required pattern is laid on the goods and the cutter marks it out. Then he may cut it himself with an electric knife machine, or the work may be subdivided so that one cutter marks and another cuts. Men are always employed for this job, for which there is a scale of $35 per week, although according to the secretary of the Cotton Garment Manufacturers' Association, the average wage is about

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[1] Operating in the needle trades connotes stitching on a sewing machine.

$38. The period of training is about two years in the non-union shops, three years in the union.

Trimming

This operation consists of preparing bundles of lace for the operators. The lace must be cut into certain lengths according to written instructions; hence the job must be done by girls who can not only read, but also interpret the symbols used and follow all the varying instructions for the different models. This might be done by a girl of the high-grade-moron type, but it seems very doubtful, for the work involves calculating and planning the correct amount of lace to cut. Suppose a girl gets an order for lace for four dozen No. 619 chemises; she has a description of a No. 619 chemise and must then calculate the amount of lace necessary. She cuts this, tickets it, and ties it up in a bundle to go to the operator. The wage of a trimmer is never higher than $20 a week, but the job can generally be learned in six months.

Sloping

Sloping is an extension of trimming. In order to make the rounded lace yokes for nightgowns and chemises, the lace has to be cut in various lengths and at certain angles according to patterns of the different yokes. This process is called sloping. Sloping, as well as trimming, requires ability to follow written instructions, to select the correct patterns, and to measure. Hence this, too, would seem rather complex for a moron. The average wage for a sloper is also about $20, and a girl can learn the job in about six months.

Operating

In almost every factory investigated where non-section work was the rule, the practice exists in the machine processes of shifting girls from operation to operation as the exigencies of production require. This means, of course, that each girl must be skilled on several operations and machines before she qualifies as an expert operator. A learner must be potentially able to run several machines and also to make a complete garment on a regular machine. If the practice of transferring girls is very prevalent, it will take a girl about two years to become an operator of average speed. While it is perfectly possible for a moron to learn a single process, such as hemming a nightgown, it would be very much more difficult for her to learn a great many operations and to change her habits of action with the changing models. Then, too, an operator must understand how to thread the machine and how to make simple repairs. The various processes that are included under the term "operating" are described below:

Trimming: In this connection, trimming applies to a special kind of operating. Strips of gingham or lace are stitched on to the garment with a regular machine. They may be sewed on to a straight edge or they may follow a pattern. Trimming with lace insertions or medallions is rather complex, for it may be done in three ways. A description of this one operation is given in greater detail and the reader may apply his knowledge gained by this description to the other operations.

(1) Trimming may be done on a special machine called a lace runner, into which the operator feeds the lace and the material and which makes a felled seam and sews the lace on simultaneously. All such machines require very concentrated attention, as the material has to be watched as it runs through the machine and one hand has to turn over the edge of the material as it is fed into the machine; the lace must be fed straight and not held too tightly.

(2) Lace may be sewed on by placing it over the material, so that the edge of the lace lies along the edge of the material; stitching the material and the lace together at a distance of ⅛ inch from the edge; then trimming the material off close to the seam, turning the edge of the lace over on to the material, so that the raw edge of the material is underneath, and stitching along the exact edge of the lace.

(3) The material may be finished by attaching to the machine the "feller", which is a foot into which the material is fed by curving it over with the right hand about ¼ inch. The lace is then lapped over the material about ⅛ of an inch, so that it lies above the right side of the material and is then stitched on. All these methods, of course, require great care, that the lace may not be torn or stretched too tightly. The worker must decide according to the style and quality of the garment which of these three methods to follow. Now if a girl of the moron type is weak in association by similarity, she may not be able to recall which method she used on a former garment of like quality, but of different cut, and would probably have to call over the forewoman and ask her advice. This would never do, for bundles of garments are given out to the operator with a model, and she is supposed to be able to go ahead without question and perform her share of work on the bundle.

Flat-Seaming: Flat-seaming is done on a special machine into which two raw edges of the material, curved over by each hand, are fed on opposite sides of the needle. Here is the same problem of keeping the edges fed straight into the machine and watching and guiding both at once. This machine is used for sleeve-gore sewing and sleeve setting on flannel and Mother Hubbard nightgowns. Sleeve setting is considered the most difficult operation in the shop, because the edges of the sleeve and of the body of the garment are cut on the bias and hence are difficult to feed, and because the machine is extra heavy. However, this operation does not seem to require so much judgment and planning as do some of the other operations and, if once learned, might be performed by a moron. As the shops are run, however, this machine is always operated by the most skilled workers, so that there is no possibility of a moron getting a chance to try it out.

Felling: The process of felling has already been described under ''trimming''. The felling machine is perhaps used more than any other special machine; it sews up the side seams, the gores, the sleeve seams, and often the tops of chemises. Felling in itself is simple and easily learned, but the girl who operates the felling machine must know just which seams are to be felled on a given bundle. Here, again, it is impossible to say definitely whether a moron would be capable of doing this.

Regular Machine Operating: Many different parts of a garment are put together on regular machines. The following operations are examples: (1) yoke making, including making the front and back yokes and sewing them into the body of the garment; (2) bottom hemming, which is done entirely without a gauge; (3) sleeve-cuff making; and so forth. In houses where no section work is done, the regular operator makes a complete gown with the exception of hemstitching or zigzagging or certain other kinds of trimming, and she must know how and when to use all the special attachments. A complex job like this requires many habits of action. For instance, in hemming an operator is given three bundles of gowns; one model has a one-inch hem, another a two-inch, and the third a three-inch. Her action of hemming cannot be such an automatic habit that she forgets to change the size of her hem when one bundle is finished and she goes on to the next. A girl of the moron type might not be capable of so many modifications of an act once learned in one way. Then, again, when one person has to perform a great many operations on one garment, she must plan the order of doing them. Shall she hem all the garments first, then cut them apart and sew up the side seams on each garment; or shall she hem and sew the side seams on each one before she goes on to the next? The order of the work is dependent on the model, so that an operator must plan her method of performance whenever she gets a new model. Similarity between models is her only guide and if she does not perceive the similarity at once between this and a former model, she must go through the whole deliberative process on every bundle. Hence adaptability to changing situations is essential, and feebleminded persons are conspicuously lacking in that quality.

Hemstitching: According to a forewoman, hemstitching is very difficult. The hemstitching machine has two needles and two ''plungers'', which cut the holes of the material just before the needles touch it. The operator has to watch the paths of all four, and it is said that one or more often get out of order. If the hand of the operator should accidentally hit the front of the machine, the whole mechanism might be disarranged. Therefore, even though the machine runs slowly, it requires concentrated attention to hemstitch even a straight line, and when designs are made, greater skill is required to turn the material at the right moment. The necessity of tracing a pattern from a model and from little punctures in the goods makes it imperative that an operator run her machine intelligently and not as an automaton. A moron girl might be able to do straight-line hemstitching, but probably would not be able to hemstitch a pattern of intricate design.

Zigzagging: This machine is used in place of a feller to sew lace on to material of a very cheap grade where a rough edge may be left, and is generally used for inserting lace. The lace and material are placed under the foot, so that they lie alongside of one another on either side of the foot. Then the zigzag machine catches them both together. Of course, if the operator allows it to deviate from a straight line in the least bit, the machine will not sew the lace and material together. This operation in itself could probably be performed by a moron, but in most houses a zigzag operator is required to run other machines and to perform other operations which may be more difficult.

Featherstitching: Featherstitching is done on a slow, heavy machine, and when used around the hem of a chemise, the operator has to turn in the hem as the machine is running. A gauge is never used, making it necessary for her to concentrate on turning in the hem as well as on the complex stitch. Featherstitching is also used for producing ornamentation on a garment and the same comments may be made about the ability of a moron to do this job as were made about hemstitching.

Catstitching: The catstitching machine is very much like the featherstitching machine except that it produces a slightly different stitch. The comments made about featherstitching may be applied, therefore, to catstitching.

Merrow Machine Operating: A Merrow machine is generally used to sew up bloomer seams. It is a fast-running knife machine which produces a kind of overcasting and trims off the edge of the material at the same time. It is relatively simple—as simple as running a straight seam and perhaps more so, for the operator need not necessarily stitch exactly on a straight line. A moron could probably run a Merrow machine very easily, but it would be necesssary to place her in a thoroughly sectionalized shop where she would not be required to perform more difficult operations.

Bloomer Crotch Attaching: Crotch pieces are stitched on by means of a special foot which turns in the edge of the crotch piece and helps to guide it as it is sewed on to the body of the bloomer. This requires dexterity and quick movements, but probably could be learned by a moron. Here again, however, the difficulty arises that in most shops there would never be enough work on this operation to keep one person busy all the time.

Elastic Inserting: Elastic inserting is done on a special machine, which finishes the waist bands and legs of the bloomers and inserts the elastic by a single operation. The rubber is fed automatically into the machine from a large spool attached near the treadle, so that the operator does not have to guide it. She does, however, have to guide the material, turn in the hem, and measure the speed with which the elastic is fed, so that the waist line will be of the proper proportion. This machine is probably too difficult for a girl of the moron type to operate, as running it involves judgment as well as skill.

Shirring: Shirring, when used as an ornament, is generally done on a five-needle machine and is generally used as decoration. The extent of the shirring is designated by small punctures and the operator shirs from hole to hole. This is simple in itself, but the machine is so complex that it easily gets out of order and the operator must understand the mechanism rather thoroughly. However, a moron might be capable of running it.

The wages for operators range from $25 to $35 a week in the larger houses. According to Mr. Mason, the average wage is about $25. The earnings do not seem to be graded according to the skill involved in the operation; that is, a hemstitcher who is supposedly highly skilled gets no more than a Merrow-machine operator, as a rule. As stated above, in a non-section house that manufactures medium-priced goods, it takes two years for a girl to become a good operator. In a section house, however, where one operator may merely sew on a flap, a learner may become very speedy in three or four weeks, so that she will earn as much as a girl who has been there a year. It is only very seldom, however, that one finds a factory that keeps a worker constantly on one operation. Most houses make a practice of transferring operators because of the fact that their shops are small and that they manufacture a great many different models. While it is much more interesting for an operator to learn several jobs, her wages do not rise so rapidly as they would if she learned only one.

Ribboning

Ribboning is a job that a moron might easily do. It involves merely threading ribbon through a gown or chemise, and it is possible to work up great speed in doing it. Learners are very often started on this job, and it seems so simple that there is no reason why a subnormal girl should not be able to do it. A ribboner never gets more than $10 or $12. Often, however, girls are promoted from ribboning to examining and operating, and there is no reason why a moron girl should not make a start on this operation.

Examining

Examining is a combination of actual examining for quality and defects in workmanship with an operation in other industries called cleaning—*i.e.,* picking off the surplus threads. Examining involves, of course, a thorough knowledge of how a completed garment of a certain quality ought to look, what size of stitches it should have, and whether the stitches must be even, or whether sloppy stitching is acceptable. The requirements may vary on different models and on different operations, so that an extensive knowledge of the whole production policy of the house is necessary. Although examining is considered an unskilled job and pays as a rule only from $18 to $20, it might be too complex for a subnormal girl.

Pressing

This operation consists of pressing a completed garment, folding it up, and pinning it in place. In most shops garments are pressed, not on shaped bucks, but merely on flat tables. Gas irons are used, as a rule, although the investigator found some shops in which electric irons were used, as they are lighter and easier to handle. Pressing is comparatively simple, as most houses are not exacting in the demand for high quality. Pinning up is uniform for all models. If the technique were once learned, it seems that a subnormal girl might perform the operation. All that is required, apparently, is that the worst wrinkles be ironed out; there is no sponging or shrinking, as on men's garments. Pressers are recruited from commercial laundries, or from the ranks of household laundresses, and earn about $20 at the most.

To sum up the discussion as to the character of the work and the ability of subnormal girls to perform it, the reader must again be reminded of the very tentative nature of the conclusions reached above. The writer has become more and more convinced that only an actual trial-and-error method can produce any results that will be reliable as to jobs that can be performed by subnormal girls. However, the conclusion has been reached in this study that subnormal girls would probably never be successful trimmers, slopers, operators, or examiners. In a section house a subnormal girl might easily learn to perform one or two operations, but organizations are rare in which extremely subdivided processes exist, and if a girl once lost her job in such a house, she would have an extremely hard time in finding a similar one. A subnormal girl might be a ribboner or a presser and do very well, but although these operations require little training for the normal girl, a subnormal girl would have to be trained. It seems practically certain that it is unwise to train subnormal girls for *operating,* for they can never become complete operators, and there are not enough jobs in existence that consist of performing one simple, repetitive motion. Hence some other industry might be found that would offer greater opportunities to subnormal persons.

WORKING CONDITIONS

Of the 46 establishments visited, all but 2 occupied lofts. All the buildings were supplied with elevators, but as a rule the buildings uptown were equipped with passenger elevators as well as fireproof stairs, whereas the exits in most of the buildings downtown consisted of one slow-moving wooden elevator and a wooden stairway. The lofts are generally partitioned off, so that one part is used as a showroom and the rest as a shop.

The shops uptown were as a rule much better lighted than those downtown, perhaps because the practice of building a long, narrow loft has been abandoned. The lofts uptown are generally square; consequently the light is better distributed and the workers are less dependent upon artificial light. No up-to-date lighting fixtures were seen in any of the shops. The best light for sewing machines is a bulb with a small, close-fitting globe, hanging very low down so that the light is thrown only on the work. None of the shops was equipped with these. The lights were as a rule hung too high and too far apart, and, indeed, often uncovered bulbs were seen.

The girls were, of course, seated and at the time of the present investigation there was plenty of space around them, as none of the shops was running to full capacity.

Of the 46 concerns visited, only 2 provided lunch rooms; one was the largest firm in Manhattan, the other a plant in Newark.

Apparently there are few inherent health hazards from disease or accident. It very often happens that an operator runs a needle through her finger if no guard be used on the machine, but this is not serious unless the needle breaks and part of it remains within her finger, or unless the finger becomes infected. The element of speeding up is not at present in evidence, as there are no orders, but when business improves, it may become a very unpleasant factor in the piece-work establishment.

In general, the hours prevailing were forty-four a week, so arranged that the shops were closed down Saturday.

Wages

While the weekly wages in the underwear industry are lower than in the dress-and-waist industry, the yearly income of an operator in the underwear industry in normal times might prove to be almost as high as that of the dressmaker, because of the greater regularity of employment.

In no case did inexperienced girls receive more than $12; in fact, of the 23 firms who employ learners, only 3 said they would pay from $10 to $12 a week; 17 firms said that their custom was to pay a learner $10; and 2 offered to pay from $8 to $10. One even offered a guarantee for one week only, after which the learner was to go on piece work.

The facts about wages for learners comprised the only accurate wage data available. Wages differ from shop to shop according to the quality of the work and the labor policy of the individual manufacturer. They even differ in the same shop for operations of like skill, for no universal attempt has been made to classify jobs on the basis of skill and to adjust the wages accordingly.

Some manufacturers said that it was possible for an expert operator to earn from $60 to $70 a week. This is hardly credible, however, and according to Mr. Mason, the topmost earnings would be nearer $35 and the average is about $25. The wages earned under the piece-work system would appear to be no higher than those earned under the week-work system.

Of the 46 firms visited, 29 paid their operators by the piece, 12 by the week, and 5 paid partly by the piece and partly by the week. It might seem possible that a working hypothesis of the reasons for operating on a week-work basis would be that in the manufacture of high-grade merchandise, operators are more careful if on week work. This may be the case, for of the 12 firms operating on a week-work basis, 5 were manufacturers of high-grade silk underwear. However, in this group were 2 manufacturers of medium-priced muslin underwear, 2 manufacturers of children's underwear, which is of medium grade, and 2 manufacturers of brassières. In a group of 29 firms that pay by the piece, only 5 manufactured a high-grade silk underwear, and 2 out of this 5 also manufactured muslin underwear. This would tend to support the general theory that manufacturers use the piece-work system to get quantity production.

One feature usually found present in the garment trades is the system of home work. The underwear industry seems to be quite free from this evil. This is probably due to the fact that there is so little hand sewing on underwear.

Employees

The predominating age of operators in the underwear industry is from sixteen to thirty years. The examiners and pressers are generally older women of from forty to sixty years, in spite of the fact that it is necessary for them to stand at work all day. Learners are often started in as examiners and then later may be transferred to a machine. The manufacturers seemed to have no decided preference for girls of any particular age, although none was found willing to take girls on part time.

It is impossible to generalize as to the preference of the underwear manufacturers for workers of any particular nationality. The employers, who act as plant managers in the majority of establishments, are almost without exception Jewish. Very few of them, however, show any preference for Jewish girls as workers; in fact, only one employer said that he definitely preferred Jewish girls. Two employers said that they preferred Italians, as they could do work of a higher quality, but the rest were not at all particular as to the nationality of the workers. Colored workers were observed in several of the shops; they are generally taken on as pressers. There is no one predominant nationality in the underwear industry, but most of the workers seem to be Jewish or Italian in the shops in New York City. In the plants in Newark the workers are generally ''American''—that is, of German, English, or Irish descent.

TRADE ORGANIZATION

The employers' organization in the underwear industry is the Cotton Garment Manufacturers of New York, Inc. It includes in its membership about 75 of the larger firms that manufacture both silk and cotton underwear. The association endeavors to keep in touch with the state of the market and works out the administration of the agreement with the union.

The employees' organization consists of two locals of the International Ladies' Garment Workers' Union: the Underwear and White Goods Workers' Union Local No. 62, and Cutters' Union Local No. 10. These unions signed a contract with the Cotton Garment Manufacturers for the period from March 24, 1921, to March 23, 1923. The main provisions of this agreement relate to hours, wages, rights to organize, provisions for adjusting grievances, and stoppages.

Hours: It is agreed that the hours shall be forty-four, arranged either in six working days or in five.

Wages: There is a graduated scale for wages of all learners arranged so that the starting wage is $10 and the wage after the first month is not less than $12. For operators, the wage after three months is not less than $15, after nine months not less than $18, and after one year not less than $20. For ribboners, examiners, and lace cutters, the wage after three months is not less than $13.50, after nine months not less than $15, and after one year not less than $17. There is a clause stating that examiners are to be paid by the week only, and there is also a clause that ribboners, if paid by the piece, should be paid on the basis of $.40 per hour.

The employer may put any number of his employees on piece work. The piece rates are settled between the firm and a price committee of not less than three or more than five from a particular shop. If the two sides cannot agree upon a price, then an average experienced operator makes a test and the piece price is retroactive. A test is rarely resorted to, according to Mr. Mason, as it takes a long time and is apt to be inaccurate.

No reduction of prices is allowed during the life of the agreement.

Overtime shall be paid piece and week workers at the rate of double time. This provision seems not to be very strictly enforced during this period of depression; the writer found several so-called union shops whose managers said they paid only straight time for overtime.

It is agreed that during slack times work shall be distributed as evenly as possible.

Right to Organize: The right of the union to represent and organize the workers is recognized and the manager of any factory that is 60 per cent organized shall direct that all workers become members of the union.

The union has not, so far as the writer knows, organized every shop belonging to the employers' association; in fact, of the 46 shops visited, 15 were union shops, 19 were non-union, and 12 had independent contracts with the union. According to the information given by the union when it supplied a list of firms to the writer, of the total of 95 establishments listed, 32 were union, 36 were non-union, and 27 had independent contracts.

Methods of Adjusting Complaints: Most differences, such as disputes over rates and discharge cases, are settled between the manager of the union and the executive secretary of the employers' association, according to statements made by both parties. But provision is made in the agreement for a grievance board, consisting of four representatives from each party, to hear and determine all claims arising under the agreement. It is, of course, a tribute to the managerial ability and good sense of both parties that meetings of the grievance board have been rare.

Stoppages and Lockouts: It is agreed that there shall be no stoppages or lockouts pending the determination of complaints or grievances during the life of the agreement.

The advantages of a union agreement to the individual worker, such as protection against rate cutting and discharge, are obvious and need not be discussed in this report. However, it is only just to say that if the general statements of the manufacturers about wages adequately reflect the true conditions, wages are no higher in union shops, and in fact the non-union shops often seem to pay better and to give steadier work. The forty-four-hour week also is common throughout the trade. These conditions may, of course, have been brought about by union activity, and probably have been, but so far as wages and hours and physical working conditions go, an individual non-union shop may offer as good an opening for a learner as a union shop. It is true that she may be laid off in slack times and that her wages during apprenticeship are not guaranteed, but on the whole non-union shops are more willing to employ learners, as in organized shops experienced operators are employed if workers are needed. Out of the 23 firms that were at all willing to take on learners, 13 were non-union, 7 were union, and 3 had independent contracts with the union.

Trade Training and Apprenticeship in the Trade

In view of the fact that a trade school exists for training girls in the various branches of the needle trades, it is important to ascertain the attitude of the employer towards the girls trained there.

A brief description of the training given in the Manhattan Trade School in relation to the underwear industry is in order. A girl who specializes in a course called "garment machine operating" may at the end of the two-year course, or even after a shorter period, be placed as an operator on dresses and waists or, failing that, on underwear. According to the placement secretary of the school, girls go into the underwear industry only when there are no vacancies in the dress-and-waist industry, or if they have not turned out to be very good operators. They prefer the dress-and-waist industry because it offers a better financial return and also more interesting work.

As a means of choosing pupils for the school, a series of vocational tests are given [1] and the girls are advised not only as to whether to go to the Manhattan Trade School or to high school, but also what course at the Manhattan Trade School they are best adapted for. The subject matter of the tests is simply the initial process of teaching any given operation. These tests are designed to discover a girl's ability to grasp the intellectual content of the operation and to coördinate her actions accordingly. A test of this sort, of course, is fair only for complex trades, where a certain amount of intelligence is necessary; for a person might be slow in learning a single operation, yet if kept on that one operation, she might eventually be a speedy, reliable operator. However, if a girl is to become a complete operator, ability to grasp instructions readily and act accordingly is absolutely essential, and so the test has been found practicable and just, for the results have been correlated with the success or failure of the pupils in the school. Pupils desiring to learn operating are tested for seven and a half hours, and are shown control of power, stitching of straight lines, stopping and starting accurately, stitching curves, turning corners, making simple seams, and hemming a handkerchief.

If a pupil enters the course in garment machine operating, she begins on bloomers, then makes a smock, and so on, up to complete operating on dresses. No underwear except bloomers is made in the operating course. There are a few special machines, but not by any means the great variety observed in the shops. The investigator saw regular machines, machines with feller attachments, hemstitching machines, and tucking machines only. An operator must learn how to make a complete garment in the school, and thus subnormal girls are definitely excluded. They have been tried often enough in the past, and have generally failed as good operators. According to Miss Lucy Brown, who is in charge of the vocational testing classes, a border-line girl could learn to do a simple process like tucking, and perhaps get a job doing just that. As this report has shown, however, such jobs exist only rarely, and of course it is well for the average girl that they do.

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[1] See *An Attempt at Vocational Testing,* by Edna Wallenstein. *Educational Review,* Vol. 62, pp. 392–401, December, 1921.

A girl trained in the Manhattan Trade School goes out, not as a "skilled" operator, but as a trained operator; she understands how to thread and run a power machine and how to put a garment together. She can follow complex instructions given at the beginning of a garment and keep them in mind until the completion of the garment, or until the completion of the lot of garments. All she has to learn when she goes into a shop is the particular methods used in that shop. She may, however, have to learn to operate other special machines if she goes into an underwear shop, but this is much easier when once she knows how to operate a regular machine.

The attitude of employers to the Manhattan Trade School girls varies from the opinion of one man who said that he tried out a "bunch" and that their quality was so poor he let them all go, to another man's very excellent appreciation of the greater learning capacity of the trained girl. Most of the manufacturers interviewed who knew of the existence of the Manhattan Trade School used it, and preferred girls from there rather than learners who knew nothing about a machine.

The initial wage for graduates of the school was found in one establishment to be $15. In most concerns, according to the placement secretary of the school, the initial advantage to the trained girl is reflected in a difference of $2, but just now, because of the depression, it is difficult to judge the immediate monetary value of the training.

Most of the factors in a discussion of apprenticeship in the trade have been touched on elsewhere, but it is well to summarize them here. The union does not limit the entrance of learners into the trade, and it makes provision for a steadily increasing wage. (See page 96.) Girls may be taken on at sixteen or under and are generally started as ribboners or examiners; after a few months they may get a chance to learn operating. The beginning wage is $10 as a rule. (See page 96.) No manager willingly gave an estimate of the length of the training period, all saying that it depended upon the individual girl. In non-section houses, where a girl learns every kind of operation, the consensus of opinion seemed to be that a girl became expert in two years' time. In a house making cheap muslin underwear and teaching a girl only two or three operations, the manager seemed to think that a girl could make good money after one or two months. These are the two extremes, and of course the actual amount of training time necessary depends upon the girl and upon the kind of establishment she enters. In none of the shops visited is there a vestibule school; all the teaching is done by the forewomen.

The high-grade houses, of course, offer the best wages and the most interesting work, and in fact there is some chance of a girl's working up to be a designer and earning from $75 to $100 a week. A great many underwear houses, however, have no designers. The underwear industry, as has been said, is often used as an approach to the dress-and-waist industry, and of course an operator earns more on dresses than she does on underwear. An operator on dresses, however, never can become a draper or designer, as these positions go to the hand sewers.

Vocational Recommendations

To sum up the possibilities of this trade as a life work for normal and subnormal girls is not an easy task. For a girl with a grammar-school education, who is an average, normal girl with a certain amount of creative ability, but not a genius, the underwear industry offers certain advantages. It provides much steadier employment than any of the other needle trades, short hours—in comparison with the candy or cigar industries—and an opportunity for creative work, especially in the better houses. However, the wages are not very high, and the shops are often dingy and unsanitary.

For the exceptional girl, who is gifted with a fine sense of color and of line, the opportunities are limited, and it is very evident that she could go much farther in the dress-and-waist industry.

For the subnormal or border-line girl the opportunities are also somewhat limited, not because of the actual operations, but because of the fact that the majority of shops are small and a girl must of necessity be very adaptable and know how to do more than one job. A subnormal girl might be very happy as a ribboner, a presser, or an operator in a section house, but so long as the majority of the shops remain small, it is hardly advisable to train a girl for an industry in which there are so few openings.

AFFECTIVE FACTORS IN VOCATIONAL MALADJUSTMENT

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ON the basis of the army mental testing, Goddard emphasizes the importance of getting the "C" or average man into the "C" or average job, the "A" or very superior man into the "A" or very superior job. This is in line with the popular tendency to consider but two kinds of work or people, round and square. But the vocational problem is not so simple as either the scientific or the popular language implies. The sociologist will undoubtedly suggest that the "C" man may want "A" job rewards, while the psychologist may question whether, when the intelligence is correlated with the position, other factors of equal importance may not enter the problem of vocation adjustment. While recognizing the tremendous importance of intelligence[1] in determining the individual's vocational level, we have found in many cases that it is the affective condition of the individual that determines or prevents his adjustment to his occupational life.

We have discovered, among the men applying for counsel,[2] many whose intellectual capacities were out of harmony with their occupations, and have frequently found as a result what might be characterized as a healthy irritability toward their vocational situations. On the other hand, those who present affective problems show a far stronger tendency away from the normal, and in long continued disturbance or distress a more decided probability of becoming psychopathic. It may well be that the intellectual factor in vocational maladjustment, particularly as it relates to the superior man in the inferior position, is of greater significance to society in connection with intellectual and social wastage, while the affective factors in vocational maladjustment are of greater importance in the life of the individual. Still, it may be considered that the intellectual problem, with its two possibilities—the man whose position puts too heavy a strain upon his mental capacity and the man whose position does not permit the exercise of his full powers—may develop into an affective problem, but this is merely to say that the various factors affect the individual, not in distinct and separate lines, but in overlapping circles.

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[1] In this connection, a study of some three hundred men is to be published later.

[2] At the Vocational Department, Central Branch, Y. M. C. A., Brooklyn, N. Y.

Emotional levels are various, and the normal emotional level may be different for different individuals. The problem of the vocationalist becomes, then, not merely that of routine advice concerning occupational fields, training requirements, remuneration, and the like, but in many cases that of attempting to assist the individual to restore himself to his normal level of affectivity, whatever it may be. If we consider, as does Watson,[1] that each individual has a normal, a high, and a low level, the vocational counselor seems to be confronted most often with the problem of raising the level, because of the large number of individuals on a depressed level who come for counsel. However, individuals on an excited level are not infrequent nor are individuals with violent fluctuations between the two levels.

Occasionally a *manic* state or one of *depression,* to put it in terms of psychopathology, is so long continued or so extreme as to require the attention of a psychiatrist. However, in vocational counsel, which can be terminated at any time by the subject, it may require considerable tact to prevail upon him to see a specialist, though such service be provided free. Even when this is done and a diagnosis is returned that, let us say, the individual is of definite psychotic tendency, the practical problem of adjusting to the individual situation is still unsolved. Sometimes the individual may be fairly aware of his condition, may even say that he is ''headed toward a nervous breakdown'', and yet feel himself caught in a complicated situation from which nothing less than such a ''breakdown'' would procure his escape. The following case somewhat exemplifies this condition:

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[1] See *Psychology from the Standpoint of a Behaviorist,* by John B. Watson. Philadelphia: J. B. Lippincott Company, 1919.

Case 1. Age twenty-eight. Nationality, English. Education, public school and numerous specialized courses. Discharged from army because of nervous disability following ''shell shock''. Intelligence score[1] 155, rating A. Had pleasing appearance, was extremely vigorous and enthusiastic, open-minded and tactful. Business, brokerage. Having lost one fortune, was engaged in Wall Street as a salesman, which position he appeared to be filling very successfully. Vocational ideal was engineering, although he did not know exactly what an engineer does. Before applying for counsel had become very unsocial; was extremely nervous, as well as in poor physical condition. Showed decided shrinking from making new contacts where he would be likely to appear at a disadvantage. Suffered from feeling of inferiority that made him constantly attempt to demonstrate ability by telling of previous accomplishments. As a result of business failure, had broken engagement with fiancée because he could not give her the home and financial position his ideals demanded. Was developing moral reaction toward his occupation and had already resigned several times.

Counselor prevailed upon him to continue in his salesman position until he had informed himself as to other fields of interest. He was given catalogues and books and introduced to men who were successful in the occupations in which he showed interest. It was further suggested that he give up his expensive apartment and in every way adjust his standard of living to his lowered income; a regular schedule of exercise and social diversion was also suggested. After some weeks of following these suggestions a calmer attitude resulted and, to the counselor at least, the manic symptoms, which had made his presence objectionable to other members of the office force, appeared to be eliminated. Subject decided on construction engineering as a vocation, concluding that the building of something would be more satisfying than financial matters. He concluded to stay at his job until plans for training and entering the new vocation could be perfected. The satisfying vocation was put by the subject ahead of marriage plans.

The young lady in England, to whom he had been engaged, had meanwhile become concerned over his condition and insisted that she did not care for the expensive mansion and motor cars with which he wished to endow her and that she was coming over to marry him. Subject refused this sacrifice, although at the cost of considerable emotional disturbance; upon which the young lady became ill, so that he felt compelled to agree to what she wished. Her decision to come to America at once, coupled with his dissatisfaction with his job and with his feeling of inferiority over his financial situation, upset all the calmness that the preceding weeks had wrought. He returned to his former trick of resigning his position one day and accepting it again the next. He declined an opportunity made for him to enter construction work. His dreams showed obsessions connected with his feeling of inferiority and with the repression of his sex desires. At a melodrama he screamed out loud. Taking tea with a young lady friend of the family whom he knew but slightly, he concluded that the waiter had made an insinuating remark about the purpose of their presence in the hotel, albeit it was but four o'clock in the afternoon. A fight followed, after which for thirty minutes he felt ''grand''. After this period of elation, a depression set in so great that he failed to keep a dinner engagement, could not eat, and when, twenty hours after the fight, he sought out the counselor, he was in such a state that persons who saw him for the first time flatly remarked that he was ''crazy''. After a couple of hours of quiet talk about the ''insult'' he and the young woman had received from the waiter and about his situation in general, the tension relaxed and he returned quietly to the scene of the fight. Presently his appetite returned; he was given a few mechanical tasks in a friend's house, which he performed with alacrity; he bcame sufficiently social to talk upon some subject other than himself; and after several more hours departed in a quiet, rather sleepy state, planning to begin his married life at the end of the month.

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[1] All testing was done with Army Alpha, ''Business Alpha'', Army Performance, or the Stanford-Binet. The latter two were used chiefly for comparative purposes. Scores and ratings expressed in terms of Army Alpha: A, very superior; B, superior; C+, high average; C, average; C—, low average; and so forth.

This was a man of intelligence, of considerable experience in many countries, of good social training, making a very fair living and deeply attached to his fiancée; but he showed himself entirely unable to adjust between his ideals of vocation and position and the reality. Any additional stimulus seemed sufficient to disturb his equilibrium, to affect his emotional level. He was to a considerable degree aware of his condition and strongly desirous of improving it, but saw no way of escaping the demands either of his love or of the vocational situation.

We have said that depressed emotional levels appear to characterize a very great number of the men applying for vocational counsel. This does not imply that the same thing is proportionately true of men in general, as without a doubt the emotional disturbance has helped to bring about the vocational maladjustment and so has operated to send a large number of such individuals to the counselor. This depression may arise from a sense of inferiority, which is temporary or which has grown steadily over a comparatively long period. It is frequently neither possible nor necessary for the counselor to determine whether this *minderwertigkeit* has an organic basis or operates entirely according to the Adlerian characterization. Without at all disregarding the importance of the psychoanalytic concept, it was felt that this feeling of inferiority was often called out by definite, perhaps trivial factors in the environment, the removal of which would restore the individual to his usual functional position in his occupational and social world. In some cases this presented a fairly simple problem.

Case 2. Age twenty-four. Nationality, American. Education, two years high school and business school. Army history, not overseas; in camp life in this country very successful in meeting discouraging factors and in maintaining attitude of pleasantness in all army situations. Intelligence score 138, rating A. Occupation, stenographer, secretarial experience for four years prior to enlistment. After returning from army to old firm, he was given advancement as private secretary to president. In this position he was unable to make good after a trial of four months, although working overtime to the limit of his capacity. Became very nervous over situation and was finally returned to general stenographic work with no reduction in salary in same firm.

Subject was thoroughly discouraged over his situation, but saw no way out. Business men urged that the thing he must do was to stick to the firm, prove that he had the right qualifications, and regain the lost position, although subject felt this could not be done The vocational counselor discovered that sales work had always been extremely interesting to the subject, and a plan was made for him to enter this field through the medium of stenography. A position was secured and taken at a reduction in salary. A plan was outlined for the completion of high-school education.

High-school work is now completed. After year and a half with the new firm, subject has been promoted several times and is now in charge of other men and is displaying excellent ability in his chosen work. His emotional attitude, due to failure in former firm, had definitely inhibited any improvement; in a new environment he lost his discouragement, increased his efficiency, and returned to his normal emotional level.

Other individuals seem to manifest a genuine ''inferiority complex'' which affects all their relations and prevents their making adjustment to the vocational requirements. With some of these subjects it was frequently found impossible to do much beyond giving the physical examination and offering suggestions as to treatment or exercises for improving their physical condition.

Case 3. Age twenty-two. Nationality, American. Education, two years high school and business courses. No army history. Intelligence score 183, rating A. Occupation, bookkeeper, three years' experience. At all interviews subject indicated a retiring tendency, showing inability to approach a problem and bring it to a conclusion; he gave little evidence of his high intelligence as shown on the mental testing. He proved to be extremely sensitive. It was found desirable to have two counselors working with him in order to keep in touch with him. One found that because the other at times seemed busy and failed to give absolute attention to the particular problem discussed, the subject became fearful of intruding and stayed away. This situation arose several times.

Subject was placed twice by the placement bureau, but each time could not be brought to a sufficiently aggressive attitude to make any contacts for himself, so that all appointments had to be made for him.

Case 4. Age eighteen. Education, public-school graduate. Intelligence score 117, rating B. Occupation, clerical, three years' experience. Very nervous, with strong belief in his own incapacity for achievement, unwilling to attempt anything, highly conscious of his own nervous condition. Quite listless and unorganized in plan, although coöperative and a fluent talker when contact was secured. Could not be brought to believe his capacity for any work very high or to accept himself as equal to his intelligence rating.

Case 5. Age twenty-six. Intelligence score 95, rating C+. Occupation, clerk, shipping and stock. Subject was placed by the placement bureau five times, at intervals of approximately six months; seemed unable to keep position for long period. Gave up position or was discharged each time upon occasion of anger and excitement. Many or complicated instructions caused him to feel overloaded and persecuted. When excited, he would bat his head against wall (in public place) and weep. Was extremely sensitive and generally nervous. The psychiatrist called into consultation reported constitutional inferiority and paranoid personality. Subject was considered non-institutional case unless he became violent, which seemed unlikely.

Investigation of his family found mother neurotic. When her son was discussed with her, she became resentful and would permit neither further investigation nor advice; refused to take her son to the country, where he could, it was believed, handle simple outdoor work and maintain himself without supervision. It was judgment of physician that son would be better away from mother, but this could not be effected.

Case 6. Age forty-three. Education, to seventh grade in public school. Intelligence score 65, rating C. Occupation, marine engineer for twenty years. It could not be determined whether feeling of inferiority was original or was conditioned in him by the attitude of his wife, who, according to subject, was very superior intellectually and of a dominating disposition. Wife regulated his sex expression and refused his desire for a child.

His duties at sea often left him but a few days a year at home, so it became his custom to turn over all his money to his wife, who purchased home and said she made payments upon it, although she would not give any accurate information as to deeds and payments. On one return he found eight-months-old baby whom wife stated she had adopted, although there were no adoption papers. Growing belief that wife was playing with him. On another return found distant male cousin living in his home and established there with attitude of owner. Each time wife took all money away from him by disagreeable methods and sent him back to sea. Subject wished to secure work on land, to find out something about his financial situation, his adopted child, whom he likes, and so forth, but was afraid to go home for fear his wife would be able to persuade him to give up all the money he had left.

Subject showed pathetic admiration for his wife, strong feeling of her power over him, and a desire to return to her, counterbalanced by a determination to establish himself on land and to find out just what situation she had brought him to.

In some men applying for counsel there appear infantile reactions and childlike faith in advice, and it is upon such as these that the quack character analyst practices his arts.

Case 7. Age thirty-one. Education, two years of high school and two years of studying drafting. Intelligence score 124, rating B. Occupation, government draftsman.

The subject liked drafting very much, but was discouraged because he saw no further advancement for him under the government. He went to a ''character analyst'', who recommended vocations as follows: superintendent of shipping, corporation traffic management, superintendent of stores (industrial), office management. Written statement made by the analyst: ''With the high development of the will, I do not see how you can work happily at a drafting board or making models where the intellectual elements are called into much more activity than the will elements. Your nature demands intensive directive action and until you become engaged in some such work, I do not anticipate contentment.''

Thinking to secure an opportunity to exercise those ''will elements'' and accepting the statement that he could not be happy at a drafting board, although he had always believed he liked drafting, subject gave up the security of his position and entered the sales field. This finally resulted in a canvassing position that was very disagreeable to the subject and that brought in much less money than he had received in the government position—barely enough, indeed, to maintain his family. He wished himself back at the drafting board, and in this discouraged frame of mind came to the counselor.

After several interviews with the vocational counselor, the subject showed himself confirmed in the desire to be guided by others by urging the counselor to tell him what he had ''better do''.

Sometimes it is possible to break up a belief in the predictive value of phrenology, physiognomy, astrology, and the like, or what is perhaps even more important, to bring the subject to see that his problems must in the last analysis be solved by himself, with the aid of whatever exact information can be given him by others. In some cases, however, visiting the character analyst seems to have become a habit, satisfying, perhaps, certain narcissistic tendencies and offering further material for daydreaming.

Case 8. Age fifty. Education, public school till age of fourteen. Mental rating not secured, estimated intelligence high B. Occupations, salesman, sales manager, adjuster of commercial claims in credit field, and collector. Excellent health, superior physique. Financially successful, liked the field of salesmanship; nevertheless he had always felt that if he could but find the exact and proper vocational niche, he would be satisfied for the rest of his life, that he would then no longer feel a striving for accomplishment, but would sail on smooth waters. Family relations always satisfactory, but constantly troubled by this vocational problem.

Subject had been to a character analyst in 1912, in 1915, and to two in 1922. The last analyst told him that ''your vital temperament gives you your arterial circulation'' and that he should be a public speaker if not a politician; that he should be in construction work; that his executive talent was strongly represented through his large destructiveness; that he could handle men and read people like a book; that he could become an efficiency engineer, an inventor, a consulting lawyer advising young men how to run their business; that he had all the requirements for a decorator, an art critic, or a connoisseur of antiques; that he made an excellent host; that he should cultivate his secretiveness, control his sublimity, and he would be a benefactor to all.

The counselor could not compete with this highly flavored menu, although he attempted to show the subject that his striving for achievement was not unnatural and that there was no particular square or round hole into which he could fit himself with perfect satisfaction.

Individuals apply for counsel whose emotional discouragement is evidently rooted in peculiar habit acquisitions. Of such a type was the case of a highly intelligent young man, the son of deaf-mute parents, who had not learned to speak till a late age. He was found to be doing his *thinking* with his fingers and then slowly and laboriously translating the finger movements into laryngeal and finally verbal expression.

Locality fixations were encountered at times, as in the case of an assistant bookkeeper who felt a peculiar fascination in the docks and stated that every occupation he could desire to follow would keep him around the docks, where he now goes in his spare time to sit and watch the work go on and the steamers pass by.

The emotional depression may likewise be based upon organic defects, as in the following cases:

Case 9. Age twenty-two. Education, completed high school. Intelligence score 118, rating B. Studying and attempting to work out vocational plan. Deaf and lip reader. Test showed high degree of accuracy; greatest weakness in general information, due to lack of contact with other persons. Subject appeared ambitious, industrious, and of pleasing personality, but understimulated because of his defect.

Case 10. Age twenty-six. Education, sixth-grade public school at age of fifteen; out of school much of time because of illness. Intelligence score 41, rating C—. Medical history showed at age of three serious illness, measles, abscess in head. In his seventh year the subject became physically incapable of school work. He found it difficult to concentrate, was intensely exhausted after mental work, was not strong in physical work. Father died of cancer, sister of pneumonia; longevity in family on both sides. Subject had heart trouble which had caused him to train himself in repression of activity.

Subject had decided mechanical interests and thought electrical or wood-working occupation would interest him; disliked work with people. He tried farm position for a year, liked it, but came back to city because of mother's dislike for locality. Interests remained the same, but he had no opportunity to train for either because of necessity of earning living. He continued to suffer from exhaustion after either physical or mental work.

Excessive individualism may lead to rebellion against authority, to a feeling that any form of direction constitutes an infringement of personal liberty, and an attitude of irritation or a chip-on-the-shoulder-dare-you-to-knock-it-off manner that strongly interferes with either social or vocational adjustment. Numerous men applying for counsel and for placement seemed to belong to this group. One sought outlet for his feeling in excessive sarcasm and tried to protect himself by offending the other fellow first; in spite of his strong inability to get along with people, he had a definite desire to be a salesman. Another was accustomed to revenge himself upon society, his boss, and his fellow workers by periodic "flare-ups"; in his case several salutary discharges appear to have worked an improvement at least in behavior. This man had an extremely high intelligence rating. Another, with a strong ideal of individualism, felt oppressed because he had a personal connection with the employer and because he was not allowed to carry out his own ideas of efficiency. Although of very high intellectual ability and a conscientious worker, his efforts were practically nullified by his emotional reaction; he became excessively irritable and found it necessary to sever his connection with the firm and take work that permitted him greater individual direction. Others betray this excessive individualism chiefly in their homes, and an unfortunate home situation then affects the vocational problem.

Case 11. Age nineteen. Intelligence score 121, rating B. Clerical experience for five years, as timekeeper, pay-roll clerk, and brokerage clerk; always held positions paying twenty-five dollars or more. After a short period in the army, his parents secured his discharge because of youth. Conference with parents brought out the fact of their inability to influence or control son. Boy declared that he had no freedom at home, refused to tell parents anything, and insisted on doing whatever he wanted to do. Parents tried to make him contribute part of his salary to upkeep of home and he insisted that they would not leave him enough to get along on.

Two counselors worked on this problem, trying to secure a meeting point between parents and son. Boy was placed several times, but showed himself entirely irresponsible about getting to work, asking for time off, and so forth. In each place he was considered a good workman, but irresponsible. It seemed possible that the boy's attitude toward his father had been transferred to all authority. Although apparently desirous of a solution and showing at times a frank and pleasant manner, the boy also occasionally manifested resentment against the counselors whose advice he had sought and repeatedly told lies both to them and to his family.

Case 12. Age twenty-four. Education, public-school graduate and special courses of mechanical nature. Intelligence score 108, rating B. Occupation, machinist; had reached top of occupation. Discouraged with mechanical field and inability to get satisfactory work. Unpleasant situation at home had led him to leave and room elsewhere. Subject appeared to need ''socializing''. It was suggested that he set himself to solving the unsatisfactory situation at home and return there to live, and that he take up theoretical study in the mechanical field, inasmuch as concrete mechanical work had not given him opportunity to use his intellectual ability to the full. Subject was placed and became antagonistic toward the bureau because of the regulation charge to which he had previously agreed. Through further counsel this attitude of resentment was removed.

Many problems of vocational maladjustment from emotional causes may be said to spring originally from an inability or refusal to face the reality to which the individual must adjust. Such refusal may be considered to have operated in many of the preceding cases as well as those that follow.

Case 13. Age not given. College graduate, Phi Beta Kappa, stood high in languages. Intelligence score 189, rating A. Five years as quotation clerk, highest salary twenty-five dollars a week. Vocational interest lay in the ministry, for which he had always wished to train. On the other hand, he had decided ability for abstract mechanical work and expressed a dislike for work with people and considered himself unable to handle them. It very soon developed that while performing his tasks as clerk, an occupation that did not permit him to use to advantage either his high intelligence or his college training, he had spent much time daydreaming of an escape through the ministry. He came to the counselor stating that he did not believe he would be successful in the ministry; he was in the condition of wishing, yet fearing encouragement.

Counselor attempted to put before him other indirect opportunities for religious service. Suggested that he might like to develop himself as a statistician. This was considered and seized on, and the subject made arrangements to take work at Columbia University. Over a period of several months the counsel work continued and the fact was brought out that the subject had been learning stenography on the side. He was advised to make himself more proficient in this, as a possible means of breaking away from his low salary and uninteresting work.

Through the placement bureau a call for a stenographer to go to China with a foreign-mission board was offered the subject. After reflection he concluded to take this position for the educational experience, the break with his old life, the additional money, which would permit him to marry, the opportunity to be connected with a service organization. He sailed for China, planning to study statistics on a part-time basis, and to return after two years to take up statistical work as his vocation. Through the process of counsel he had come to see that he must adjust himself by means of his own qualities, rather than by any dream qualities, to the actual occupational world.

Case 14. Age thirty-one. Nationality, Scotch. Intelligence score 191, rating A. Education, one year high school in Scotland. Occupation, traffic work for eight years.

Subject showed remarkable persistence in ''knocking his head against a stone wall''. Was entirely convinced of the superiority of Scotch education over American and insisted that his year of high school made him the equal of any high-school graduate here in training. Vocational interest in higher accountancy, which he planned to study. Refused to believe that the regents' requirements must be fulfilled before the C.P.A. examinations could be taken. Was referred to an accountancy expert, head of a large accountancy department. Continued to insist on the importance of his education in Scotland. Through a gradual process was brought to the view that it did not matter how excellent his year's work had been so far as the practical problem was concerned, and that if he wished to advance in accountancy, he should study and take the examinations that would give him the 72 regents' counts necessary as a preliminary to the accountancy examination.

Subject went away planning to make this adjustment. Remained away a year. On return to counselor insisted again on maintaining his own superiority based on the year's high-school work, and the entire problem of the regents' requirements and the C.P.A. was gone over with his former vehemency and persistence. Two counselors worked with him, the vocational counselor and an occupational one. He declared himself again convinced of the necessity of study and went away planning this.

For a time during the past winter cases became so frequent of men who declared themselves to have been recently discharged from prison that it began to seem necessary to require them to prove that they had been imprisoned. One man applying for counsel was investigated, by the cell number and prison that he had named, and no records of his prison history could be found, the prison authorities disclaiming all knowledge of any one answering his description. Certain obvious advantages in this claim of a prison term occurred to the minds of the counselors, such as securing ready sympathy. This would operate particularly in the cases of the lower-grade men who appealed for a job or the price of a meal. With the higher-grade ones, the advantages of starting life over again, free from the necessity of giving references or of being connected in any way with their former life, may have been influential in the election of a prison career. The craving of the neurotic for new scenes, new connections, and a fresh start in life may have combined with a masochistic enjoyment in filling the imaginary rôle of the persecuted—it is scarcely necessary to say that in all cases they had been innocently imprisoned—to produce the released convict. The number of men with the same story could be used as an example of what Gabriel Tarde designated as fashion-imitation.

General demoralization resulting from army service has become more or less recognized as a factor in vocational maladjustment. Inability to direct their own energies, inability to settle down to any concentrated work, and a feeling of irresponsibility were characteristics found in men applying for counsel after leaving the army or navy. In the first case that follows, it will be noted that the subject spent several years in the army before he was nineteen. While the neurotic tendency probably existed or would have existed without this, there appears at least some correlation between his restlessness and roving desires and his experience in the army during the habit-forming adolescent years.

Case 15. Age twenty-three. Almost illiterate, very poor writer and speller. Intelligence score 44, rating C—. Member of Kitchener's "Own," 14th Infantry; discharged 1918, after several years' service with the Canadian army. Family high socially. Occupation, none.

Subject had no interest in his own advancement, desiring everything to remain as it was. Perfectly satisfied with present condition, education, and attainments, so long as he can secure from parents all the money and liberty he desires. Accustomed to take family car without permission and stay out on parties in it. Showed no feeling of responsibility toward his mother; made no attempts to keep appointments or to let the parents know where he was. Slovenly dresser, but interested in ordering many suits from the tailor. If not given his way, would contrive to get it by hook or crook. Decidedly introverted.

Attempt was made repeatedly to discover some occupational interest, but none was found. After several interviews in which the whole proposition of social relationships, contacts, business habits, advancement possibilities, training essentials, and the like, was gone over, subject refused to communicate further with the counselor. In one interview with the psychological examiner, a woman, the subject showed himself very much interested in talking about himself and, so long as there appeared to be a possibility that he might get something without any effort on his part, continued to come for counsel, refusing to come when he perceived that study and work were being suggested to him. The mother wrote apologizing for her son's discourtesy.

Case 16. Age thirty-three. Education, public schools. Intelligence score 79, rating C. In the marines for past six years, sergeant. Subject had strong service idea. He preferred outside work and work with people. Concluded that he did not want to spend all his life with the marines. Qualifications seemed to be in the field of concrete mechanics.

Counsel period lasted over a year. Subject was continually ''just going'' to get started at something. He was always cheerful and courteous and interested in studying his vocational problem. A constant attendant upon vocational informational lectures and frequently in library. While waiting to get started, he did any sort of work—gang labor, bus boy in restaurant, and other odd jobs. Was much given to making resolutions, but showed absolute incapacity for keeping them. Finally concluded that construction field would enable him to have satisfactory outdoor work, work with people, and permit him to use his mechanical ability. Still this was not entirely satisfactory, as he wished to be of greater service. At last interview was considering course of training and taking up odd jobs for a living. Wanted very much to do things, but simply could not start himself.

Cases in which the emotional level has been so lowered by the loss of the love object as seriously to affect the vocation, the health, and the life of the individual are not surprising. The problem becomes then one of substitution of stimuli, or finding something new and different that will seem unconnected with the past life and its painful memories.

Case 17. Age twenty-eight. Education, three years of high school. Intelligence score 175, rating A. Neat in appearance, address pleasing; apparently not strong physically.

In counsel it developed that since death of wife he had lost all interest in life, had allowed his physical condition to go down, and had become greatly discouraged through loss of wife's encouraging companionship. He had been in export work for eleven years, making approximately two hundred and seventy-five dollars a month; now out of position and willing to take messenger work. Care of his two small children additional factor of discouragement.

Through discussion of various fields, subject concluded that advertising was the one toward which to develop. Counselor recommended immediate physical examination, exercise in gymnasium, recreation outdoors during summer to improve physical tone. Importance of social life was stressed and specialized study in advertising recommended after his social attitude and physical strength had improved.

Placed in position through the placement bureau. Recommended that he live in "Y" dormitory to be with ambitious men; children to live with sister.

Interviewed six months after counsel process. Had carried out social and physical program, but had not yet tackled education. Physical condition improved; somewhat more optimistic view of life.

In many vocational problems it becomes a question, not so much of finding out what is wrong with the job as of heeding the old adage, *Cherchez la femme.* In Case 1 it was the love interest that put the final pressure upon the man to drive him into what closely resembled a manic-depressive psychosis. In Case 6 it was worry over the situation with his wife that brought the veteran marine engineer to seek a job on land. In Cases 5 and 10 it was the demands of the mother that stood most firmly in the way of the son's chance of improvement in another environment. Married men are of course under pressure that prevents their taking the position they would like if another that they do not like pays them a little more; the impossibility of keeping up with the growing number of mouths to feed has sent men to the counselor in states of utter depression, over both their jobs and their families. "I've got to have more money", is usually the refrain of this group; one man very vehemently declared this, only to add, "My wife wants a fur coat. I've got to make more money." Then a few each year come to the office with a story of having stolen money, forged checks, or the like because of a woman. Two closely parallel cases came in recently in which the men declared themselves under the pressure of such competition to keep the interest of the girls with whom they were in love—and who, they said, expected money to be spent on them—that they could do nothing else but steal; in both cases it was evident that there was a strong pride reaction and a determination to keep up appearances before the girls, whose fathers were men of some financial prominence.

Case 18. Age twenty-four. Born in New England. Education, high-school graduate. Four years in army. Intelligence rating not secured; evidently very high. Occupation, salesman. On applying for counsel, stated that he was disgusted with opportunity for advancement with present firm on present basis, and that he must have money to marry a girl whose family was of high social position. Subject pleasing in appearance, neat, energetic, enthusiastic and fluent talker, apparently should have been successful as salesman.

In conference he repeatedly declared that he would do anything for money and showed himself very ambitious. He was investigating any proposition in the papers that showed prospect of immediate income. During process of counsel, subject was caught in petty thievery, entering rooms of hotel with master key and stealing from his friends. Counselor was called into discussion with the management and subject was not prosecuted, but was required to give written agreement to pay back in installments the money stolen.

Another position was secured that offered advancement. Subject through his enthusiasm and hard work began to rise, enjoying his work and making much better salary in his new field (advertising). Money stolen was paid back. Attitude of subject changed as soon as he was convinced of the possibility of making good and advancing.

Moral complexes sometimes appear among the men applying for counsel, a feeling of having sinned or of having done wrong in their vocation, perhaps a feeling that the entire business is unethical and that they cannot escape the taint except by leaving it. In cases in which customary business ethics have not been violated, it would seem that this feeling of guilt is a fiction elaborated by the subject to explain to himself his general depression and lack of success, a sort of survival in faint and imperfect form of the cult of the avenging furies. If the man has sinned and is receiving punishment, he cannot feel that any weakness in himself is responsible for his failure or maladjustment, rather is he strong, a *man,* taking his punishment and acknowledging his wrong like a man. In the case that follows one such fiction did not prove sufficient compensation for the man's inferiority, so two were elaborated, one to cover his vocation and one his home situation.

Case 19. Age thirty-five. Family strict Pennsylvania Dutch. Middle-class economical upbringing. Intelligence score not obtained, apparently high.

Had married into family of considerable money. States that he married for money, although he now loves his wife. Married while making salary between three and four thousand a year (war-time basis). Now living with mother-in-law. Wife teaching school. Baby one year old.

Business associations always in sales field. Stayed with firm selling auto trucks that were not as good as others on the market for the same money. When offered position with reliable firm, declined it because he could make more money with the former firm. Regrets this now and considers that he was associated with shady practices. Now says he is ''out of luck'', making commissions on sales of about one hundred and twenty-five a month. Feels the ''shady'' practices of firm to be cause of his hard luck.

Family tell him that he is mentally ill and try to send him to specialist; they are patient, but are becoming disgusted with his inability to produce an income sufficient for their needs. He feels caught in a position where he can never make enough to satisfy them, nor can he afford to take a lower job in some other field to work up in specialized lines in which he could eventually make more. Feels himself a failure in the sales field, but compelled to remain there. Wife unable to understand his position and more strongly attached to family than to him.

Subject feels that because of wrong conduct in marrying for money and because of ''shady'' practices necessary to keep up his income in auto-sales work, he is now being punished for sinning against moral code.

Counseler's first task was to untangle the moral complication, finding that no business practices had been followed that were not accepted and customary in the field of auto-sales work and further finding that subject had a genuine feeling toward his wife.

Subject encouraged to attempt to secure closer understanding with his wife; to get down to a sound economic basis by supporting family on his own income, either through leaving city or establishing home of his own away from wife's family. Plans made for him to start educational training in field of interest. Problem of showing him that he was very much like other human beings, that he had not been singled out for unremitting punishment for strange and unusual sins. Subject encouraged to believe that he was not ''losing his mind'' and that he was capable of ''standing on his own feet''.

The cases presented here, although by no means inclusive of all possibilities, are suggestive of general groupings under the stimulus of which emotional disturbances may be expected in some individuals to reach the point of creating, or seeming to create, a maladjustment vocationally. It has been said that the form of occupation might have remained satisfactory to the man had not his emotional depression, frequently arising from other causes, been carried over into the vocation, so that there resulted a transference or conditioning of the attitude toward the vocation. When the emotional level has been depressed from any cause, there remains but a short step toward loss of interest in the job, discouragement as to advancement, *wanderlust,* inability to face the facts of needed training and education, inability to dissociate self from the job, and the like. Speaking generally, pressure of one sort or another, resulting in conflict, seems to have produced most of the affective problems illustrated above—pressure upon the individual to do or to become something more than he feels he can do or become. Multiplicity of stimuli may become such that the individual rebels or else fails to respond sufficiently to continue his position in his business or his social life.

So far as our general experience goes, there seems to be no correlation between affective disturbances of the sort discussed here and ability to do mental work. Inefficiency induced by such depression seems capable of explanation entirely on the emotional basis of loss of interest, self-distrust, lowered drive, enthusiasm, and vitality; a more refined technique may succeed in isolating the effect of the affective factors upon the capacity for mental work. Clinical studies [1] have recently shown that emotional blocking may lower the intelligence quotient of a patient ten to twenty points, and it seems possible that this might also be true of affective disturbances not amounting to psychoses. However, so far as the vocational psychologist is concerned, as vocational adjustment is dependent upon both emotional and intellectual qualities, the direct and immediate effect of an affective disturbance is so decisive as to obscure any indirect influence upon the intellect and so upon the vocation. In the non-psychiatric cases, the problem of the vocationalist is that of discovering the original cause of the affective disturbance and of assisting the individual in overthrowing and discarding the conditioned emotional reaction. This may be effected through retraining the individual or through changing the environment—by supplying, for instance, one or more outside interests, possibly social in nature, or an avocation. In cases where neither of these general courses is possible, the increasing vocational maladjustment tends to pass out of the field of vocational psychology into that of psychopathology.

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[1] *Influence of Affective Disturbances on Responses to the Stanford-Binet Test,* by Stephen Perham Jewett and Phyllis Blanchard. MENTAL HYGIENE, Vol. 6, pp. 39–56, January, 1922.

ORGANIZATION AND SCOPE OF A STATE BUREAU OF MENTAL HEALTH*

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THE Pennsylvania Department of Public Welfare has brought into close relationship activities hitherto more or less widely separated. From a neuropsychiatric standpoint, the close affiliation of the Bureau of Mental Health with the other three bureaus is most fortunate. Mental disorder and mental defect are accepted etiological factors in dependency, a field covered by the Bureau of Assistance, with its supervision of homes, hospitals, and almshouses; they are factors likewise in delinquency, the field of the Bureau of Restoration, with its oversight of the penal institutions; and the Bureau of Children presents an opportunity for the fostering of the early study of mentality, personality, and other neuropsychiatric questions of paramount importance in childhood, particularly from a prophylactic standpoint. The associations thus established present opportunities for an increasing extension of mental-health principles and practices among groups in which such considerations are often neglected or unknown.

The present discussion, however, will be limited to an account of the essential organization and scope of the Bureau of Mental Health and something of the past year's accomplishments, referring only incidentally to those activities that are connected with the affiliated bureaus.

In general, the functions of the Bureau of Mental Health may be characterized briefly as coördination and standardization. In the way of coördination, the bureau acts with other agencies, state and private, and individuals in promoting neuropsychiatric welfare. With a competent central adjusting station, considerable waste motion, duplication of effort, ill-timed activity, and other hindrances to steady progress may be avoided. In its standardization work, the bureau contends that there are certain minimum requirements without which a hospital cannot fulfill its duty of providing for the comfort and promoting the chances for restoration of mental patients. A sufficient number of units for the proper classification of patients, diagnostic and other laboratory facilities, general medical and surgical equipment, facilities for such special treatment as hydrotherapy, electrotherapy, and dental and occupational therapy, training activities for nurses and attendants in charge of a medical superintendent, and a staff experienced in neuropsychiatry and practicing accepted methods of examination and treatment, are obviously among the essential features of a modern mental hospital.

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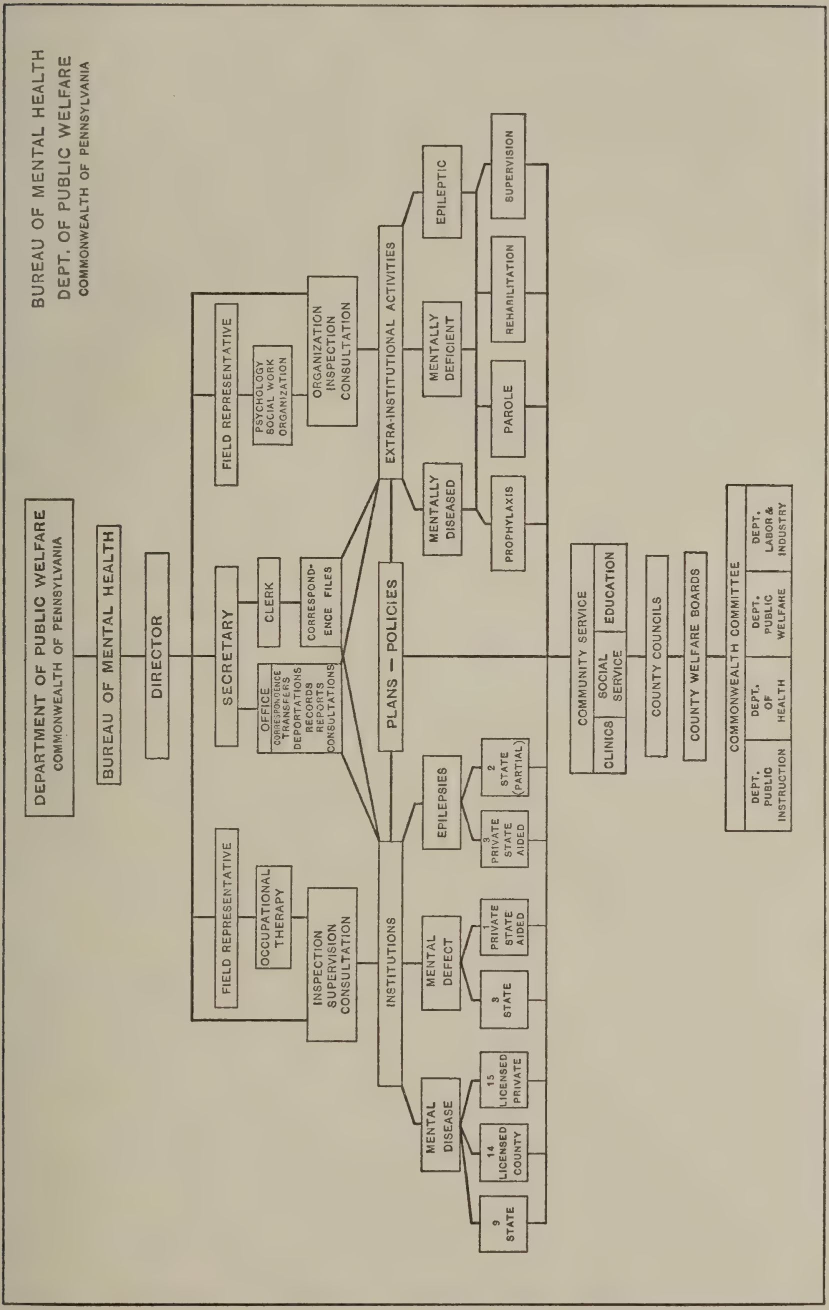
* Read before the Philadelphia Psychiatric Society, November 10, 1922.

The accompanying organization chart (page 121) outlines some of the details of the work of the Bureau of Mental Health. At present the personnel is limited to five individuals—the director, the secretary, two field representatives, and a statistical and general office clerk. During the past year, the director has been in the field for a considerable part of the time.

The activities of the bureau are divided between office work and work in the field, each of which is in turn divided into institutional and community work. In the office, much of the time is taken up by an increasing amount of general correspondence and statistical work. Transfers of patients from one hospital to another in this state, deportation of patients belonging to other states or countries, investigation of the alleged Pennsylvania residence of patients in the hospitals of other states, are matters largely attended to by the secretary. She is also engaged in the compiling and filing of the statistical cards and reports from the various state, county, and private institutions.

The field activities of the director are mainly concerned with visits to the state, county, and private licensed institutions, during which equipment and methods are observed, complaints of patients investigated, special cases examined, and various plans and policies discussed with the officers in charge.

An experienced occupational therapist is the field representative of the bureau in that important activity. She is


BUREAU OF MENTAL HEALTH
DEPT. OF PUBLIC WELFARE
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
COMMONWEALTH OF PENNSYLVANIA
BUREAU OF MENTAL HEALTH
DIRECTOR
SECRETARY
CLERK
CORRESPONDENCE FILES
OFFICE
CORRESPONDENCE
TRANSFERS
DEPORTATIONS
RECORDS
REPORTS
CONSULTATIONS
FIELD REPRESENTATIVE
PSYCHOLOGY
SOCIAL WORK
ORGANIZATION
ORGANIZATION
INSPECTION
CONSULTATION
FIELD REPRESENTATIVE
OCCUPATIONAL THERAPY
INSPECTION
SUPERVISION
CONSULTATION
PLANS — POLICIES
EXTRA-INSTITUTIONAL ACTIVITIES
MENTALLY DISEASED
MENTALLY DEFICIENT
EPILEPTIC
PROPHYLAXIS
PAROLE
REHABILITATION
SUPERVISION
INSTITUTIONS
MENTAL DISEASE
9 STATE
14 LICENSED COUNTY
15 LICENSED PRIVATE
MENTAL DEFECT
3 STATE
1 PRIVATE STATE AIDED
EPILEPSIES
3 PRIVATE STATE AIDED
2 STATE (PARTIAL)
COMMUNITY SERVICE
CLINICS
SOCIAL SERVICE
EDUCATION
COUNTY COUNCILS
COUNTY WELFARE BOARDS
COMMONWEALTH COMMITTEE
DEPT. PUBLIC INSTRUCTION
DEPT. OF HEALTH
DEPT. PUBLIC WELFARE
DEPT. LABOR & INDUSTRY

available for consultation by institutions that wish to develop further occupational therapy. The field representative is prepared to remain at any hospital for a number of weeks, if it is desired, to assist in a practical way in the establishment of occupational classes and habit-training groups, especially among the apparently chronic, deteriorating, usually unoccupied, and so-called "backward" patients.

The Bureau of Mental Health is profoundly impressed with the importance of those activities that tend toward prevention. It is surely in the interests of public welfare to deal with the sources of the ever-increasing streams of mental patients, rather than simply to provide larger and larger reservoirs for their reception. Childhood, it is needless to say, presents a splendid opportunity for prophylactic measures. Moreover, it is axiomatic that the earlier a mental patient is seen, the better are his chances for restoration—sufficient reason for the existence of out-patient mental clinics. Without such community service, mental hospitals are only partially efficient. For the purpose of stimulating and assisting in the organization of extra-institutional activities, especially mental clinics, the bureau is provided with a second field representative, a qualified social worker and psychologist, who has had a broad experience in mental-clinic work.

The success of out-patient clinics, however, depends largely upon the amount of pre-clinic work and the thoroughness of after-care. In establishing clinics, therefore, community social agencies must be interested and their activities coördinated, and each hospital encouraged to secure at least one social worker. Through the efforts of the latter, it is expected that many more patients will be paroled and eventually a large percentage completely rehabilitated.

Coördination has been already mentioned as one of the functions of the Bureau of Mental Health. In a still broader sense, coördination of various county agencies and state departments is shown on the chart. Through the formation of county councils and welfare boards of socially minded citizens and active workers—which in turn are under the guidance of or in consultation with the Commonwealth Committee, consisting of representatives of the four state departments of Public Instruction, Health, Public Welfare, and Labor and Industry—much duplication of effort will be avoided and real progress result.

In all fields, especially in connection with the community service, every opportunity is taken to inform the public upon questions of mental health, through consultations, conferences, talks, distribution of pamphlets, and so on. Popular opposition to rational welfare movements is almost, if not always, the result of lack of appreciation of existing conditions and of the reasons for desiring a change; hence the need for education.

An outline of some of the accomplishments of the past year presents most concretely the general scope of the Bureau of Mental Health.

Considerable progress has been made in the way of standardization of forms and records. The nationally uniform method of compiling and filing statistics, recommended for mental hospitals by the American Psychiatric Association and The National Committee for Mental Hygiene, has been officially adopted for use in Pennsylvania. This includes blank annual report forms furnished in triplicate by The National Committee for Mental Hygiene, one copy for the National Committee, one for the hospital, and one for the bureau. In connection with these forms, statistical cards furnished by the bureau are used, consisting of five for each sex—*i.e.,* recording first admission, readmission, discharge, transfer, and death; copies of these are sent to the central office. Similar forms and cards recommended as a nationally uniform system by the Association for the Study of the Feebleminded and The National Committee for Mental Hygiene have also been adopted by the bureau. A monthly report for mental hospitals, conforming in general to the statistical forms, has been devised for filing with the bureau.

A complete survey of both state and county mental hospitals has been made by the director. There were several objects in view in making this survey, among which may be mentioned the gathering of data for the general information of the bureau and department, both as a basis for a comparison with the findings of the surveys of 1914 and 1917, and for the purpose of ascertaining the most urgent needs and the conditions that called for immediate action. While it was found that there have been a number of marked changes for the better, especially in some of the larger county institutions, in conformation with some of the recommendations of previous surveys, yet the general situation was essentially as previously reported. To summarize: (a) Pennsylvania shows an extreme lack of standardization of facilities for the care of mental patients, having at once some of the very best hospitals and other institutions that are merely adjuncts of almshouses; (b) none of the county institutions are as well equipped as the state hospitals in respect to medical staff, diagnostic laboratory equipment, and methods and facilities for treatment; (c) some of the smaller county hospitals were found to have no facilities for the special examination and treatment of mental patients, being inferior even in custodial methods.

No one experienced in modern methods of treatment of neuropsychiatric patients would consider as proper the complete disregard of the necessity for special medical examination and supervision of such patients; the tying to benches by straps or otherwise restraining day after day of apparently organic cases because they were troublesome, with no attempt at treatment; and the seclusion in double-doored basement rooms of cases of agitated depression, for similar reasons; yet the surveys disclosed such conditions. In many of these small county institutions, it was customary for the physician, usually inexperienced in psychiatry, to call once or twice a week and then to see only those patients to whom his attention was directed by the almshouse steward. The only patients admitted to such county institutions who were likely to receive adequate examination and treatment were those who were later transferred to state hospitals because their noisy, violent, or destructive habits made them too troublesome to keep in the county institution.

Fortunately, several hundred beds being available in the state hospitals, it became possible to relieve of their mental patients those counties in which conditions seemed especially to call for it. This was done after numerous conferences with county commissioners, directors of the poor, and physicians and stewards of almshouses—conferences that practically always resulted in the unanimous coöperation of these officials. Up to date, the licenses of seven county institutions have been withdrawn, the patients being transferred to state hospitals. In addition, one county asylum operating without a license has been discontinued.

Fifteen mental clinics, adjuncts to the mental hospitals, have been established in various counties. Clinics are contemplated elsewhere as a demand for such facilities becomes manifest and as personnel and quarters become available. These clinics act in close coöperation with the Department of Public Instruction in helping the schools identify mental defectives.

As a temporary measure, until the state is prepared to assume the whole burden, and as the most direct method of increasing the accommodations for mental defectives, constructive legislation is being prepared which contemplates the use of the vacated county asylums for the care of certain custodial types of the feebleminded. This will leave more room in state institutions for trainable mental defectives.

Using as a basis the suggestions received from neuropsychiatrists throughout the state in reply to a questionnaire, the bureau is studying apparent defects in the laws and procedure in regard to mental patients and formulating remedial legislation.

Legislation is being prepared for the establishment of a special institution for epileptics, the present provisions for such patients in Pennsylvania being inadequate.

In the comprehensive plan for the future are included:

1. Complete state care of mental patients as a goal to be attained gradually over a series of years.
2. Increase of institutional capacity in accordance with a state-wide plan.
3. The establishment of at least two psychopathic hospitals for early diagnosis by intensive methods, to be utilized also as research and teaching centers for hospital physicians and other neuropsychiatrists.
4. Establishment of facilities for the proper care and custody of defective delinquents—*e.g.*, in separate institutions or in divisions of already existing institutions.

5. Serious consideration of colonization of mental defectives, a method successfully carried on in other states.
6. Continued endeavor to raise the standard of care and treatment of mental patients.
7. Stimulation of vigorous efforts to rehabilitate more patients by parole and later discharge, aided by means of more clinics and more social workers in the hospitals.

With the final adoption of complete state care of mental patients, the problem of standardization will have been largely solved. With an extensive development of extramural activities, such as those of clinics and social-service facilities, much will have been accomplished in the way of prevention of mental disorder and the various complications that result from it.

NURSES' TRAINING SCHOOLS IN STATE HOSPITALS, TOGETHER WITH SOME REMARKS CONCERNING CURRICULA

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THERE are not enough trained workers upon the wards of the Illinois state hospitals, nor is there any immediate prospect of relief from this condition. There are at present training schools in six of the hospitals, with a total of forty-six pupils, an average of less than eight to a school. The graduates this year will number only fifteen! The course covers a two-year period, and there is an educational requirement of one year of high school; graduates may take a year's postgraduate course of instruction in a general hospital, and after its successful completion be admitted to the examination for registered nurses.

In view of these facts, the question naturally arises: Why is Illinois not more successful in this undertaking? What are the factors that contribute to failure, and are they remediable? Eight years ago each hospital had its training school, and graduating classes of from eight to twelve were common. In what respects have conditions so changed as to bring about so great a reduction in the yearly output?

Briefly enumerated, they are probably somewhat as follows:

1. The diversion of women into the industries during the war and post-war periods and the overthrow of old standards of life, resulting in increased demands on the part of the younger generation for larger and more immediate returns in the way of personal satisfaction.

2. The eight-hour day with a consequent loss of some of the old-time personal interest and sense of responsibility and

an increase of leisure time, along with increased opportunity for diversion at a moderate cost during this leisure period.

3. Increased preliminary educational requirements: one year of high school in place of common school.

4. Increased wages: sixty dollars—the present graduate beginning rate—is not so attractive to the new attendant who receives forty-five dollars per month as was fifty dollars in the past, when the new attendant received but thirty-five dollars; and still longer ago, when the graduate received forty dollars and the beginner twenty-five, the proportional difference was even greater. In other words, the new attendant can now look forward to only a 33 per cent increase, while formerly she could expect a 60 per cent increase.

5. The lower standard of expenditure resulting from the war-time increase in taxes and cost of living, which has necessitated, as perhaps in other states, some limitation of the supply of ward furnishings, patients' clothing, and the like, thus possibly tending to discourage new and ambitious employees in maintaining a constructive attitude toward their hospital work.

6. The introduction of occupational therapy upon a large scale, with the use of attendant helpers who are often rewarded for their interest in this work by appointments as "charge attendants" at fifty-five dollars a month, a procedure that drains away material otherwise available for the training schools.

Possibly in the above enumeration we have the entire explanation of our apparent failure in Illinois, but our conclusions would not satisfy were we to rest content without further search. It is necessary to know what others in the same field have done—how they have attacked the problem and with what results. Accordingly a form was sent out to 123 state hospitals in the United States and to 6 provincial hospitals in Canada, from which we received 85 replies, a fair return, perhaps, as questionnaires go. Doubtless some of those who did not reply were weary of being questioned about this and that, and the remainder possibly had not a great deal to contribute. However this may be, of the 85 who replied, only 47 stated that they had a training school for nurses.[1] This latter group includes hospitals in the East (east of Indiana), the Middle West, and the South, and six provincial hospitals in Canada. *No hospitals west of Iowa report training schools!*

As the entire tabulated form is too large for reproduction here, results must be analyzed in a series of smaller tables, showing the various correlations that have appealed to us as most instructive.

Twenty-nine of our schools give a three-year course (we will call this Group A); 16 give a two-year course (Group B); and 2 cannot be included because of indefinite information, leaving us a total of 45 for our correlations. Now what are the average numbers of pupils in Groups A and B?[2]

TABLE 1

Group A	
Total number of pupils (28 schools)	642
Average number of pupils per school	23
Group B	
Total number of pupils (14 schools)	442
Average number of pupils	31

There are very evidently many more pupils per school in Group B than in Group A. But let us see what is the decrease between the first and the last years:

TABLE 2

Group A	
First year	330 pupils
Last year	115 pupils
Decrease	65 per cent
Group B	
First year	267 pupils
Last year	175 pupils
Decrease	34 per cent

The amount of decrease as well as the size of the school would seem to favor Group B very decidedly. We must, however, make some reservations: in the first place we are viewing only a cross section of the activities of all these schools; and in the second, the three-year schools probably show up more poorly in their final year just now because pupils were fewer three years ago than two years ago. However this may be, Illinois is in the Middle West, and it would be well for us to know in this connection what type of school predominates in this section. The following table shows the sectional distribution of the two groups:

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[1] Exclusive of Illinois institutions, which are not included in the above figures and have not been considered in tabulating our results.

[2] Three schools, one in Group A and two in Group B, did not answer this question as to number of pupils.

TABLE 3

Section	*Group A*	*Group B*
East	18	5
Middle West	5	7
South	3	1
Canada	3	3
	29	16

Clearly the Eastern schools prefer the three-year course—18 out of 23; while the Middle-Western are almost equally divided between the two—5 to 7 in favor of the two-year course. This would seem to exhaust the possibilities of analysis from the standpoint of length of course as it may affect the size of the schools. Let us, then, proceed to another matter of importance—the influence of educational requirements:

TABLE 4

Requirements	*Number of schools*	*Average number of first-year pupils*	*Average number in entire school*
Common school	20	15	26
One year or more of high school	25	11	19

It should be noted that only five schools require more than one-year-high-school preliminary education, of which three ask for two years and two for four years. The schools that have only a common-school requirement have 36 per cent more pupils in the first year and 37 per cent more pupils in the entire school—practically the same percentage differences as that between the number of pupils in Group A and in Group B, which striking similarity is, of course, due to the fact that all but four of Group A schools require a preliminary year of high-school work, while Group B schools without exception require only a common-school education.

Therefore, it would seem that if Illinois wishes to have larger training schools, *the question of quality being disregarded for the present,* it should give a two-year course and require only a common-school preliminary education. It will be remembered that Illinois at the present time is giving a two-year course, but requires a preliminary education of one-year high school.

But let us inquire into the three-year schools in the Middle-Western group. Are they more or are they less successful than those in the East? There are but five of them, and one of these has failed to give data concerning the number of pupils; the remaining four have an average of 22 pupils in training and 11 in the first year, figures in line with the general average for the entire Group A.

The two-year schools—Group B—in the Middle West have an average of 26 pupils, and 19 of them are in the first year. In the Eastern group, four schools in Group B average 14 first-year students and 38 in the entire school, figures well in advance of the Group A schools in this section, which average but 12 pupils in the first year and 24 in the school.

Table 5 groups the hospitals with reference to the initial salaries paid to pupils and the size of the schools:

TABLE 5

Number of hospitals	*Initial-salary range*	*Average number of pupils*
4	$5.00–$15.00	16
14	15.00– 25.00	15
5	30.00– 35.00	12
9	40.00	13
14	40.00– 45.00	8

This table would seem to indicate clearly that salary is of itself not an important factor in obtaining pupils. One of the largest schools reported apparently makes no cash allowance to pupils. The same observation seems to be true of the number of pupils as related to the salaries paid to graduates; in fact, the graduates' salaries in the various hospitals are surprisingly uniform—sixty to seventy dollars. There are some notable exceptions, as, for instance, where they are said to go up to one hundred dollars per month; here, however, there would seem to be some question as to whether the latter salary does not imply additional responsibilities.

Let us leave with this the question of mere monetary rewards and ask what part an appeal to ambition may play in obtaining pupils and retaining them to the bitter end. What appeal is made by the accredited school whose courses lead up to the possibility of becoming a registered nurse? Unfortunately this inquiry apparently dies a speedy death when one takes into consideration the fact that Group A practically represents the accredited schools (24 out of the 29 in that group being accredited), while Group B is entirely unaccredited. The former group shows 23 pupils to the school and a decrease of 65 per cent between the first and the last year, while the latter has 31 pupils per school and a decrease of only 34 per cent in the last year. Apparently the title of registered nurse is upon the whole a no more attractive goal than the more humble title of graduate nurse. Thus the advice of ancient Omar—to ''take the cash and let the credit go''—appears to be of the proper metrical length to register clearly in the ears of the majority of the modern young women employees of state hospitals. Quick action and speedy returns appeal to the greater number and hold more of them to the end.

Creature comforts seem to have their effect as well, for those schools (31) having employees' ''homes'' average 25 pupils each, while those without such arrangements (22) average but 16 pupils.

The number of hours upon daily duty seems to have no especial influence upon the average number of pupils up to ten hours, but beyond this point there is a sudden drop, although it should be noted that *350 out of 1,000 pupils work for twelve-hour periods or more!*

It would seem unnecessary to inquire further were one endeavoring only to ascertain from the experience of others what factors contribute most surely to large training schools. However, our inquiry must not be confined merely to the question of an increased number of pupils. No matter how large the school, its final service to the hospital can be measured only by the number *and quality* of the graduates who remain in the state service. Therefore, it would be interesting to know in what group this result is most marked. If a greater proportionate number of graduates of the three-year course remain in the service, this fact must be taken into account in weighing the pros and cons before one can come to any decision concerning length of course or kind of school. Obviously this was a difficult matter to cover in a questionnaire. All we could do was to inquire: Does the present arrangement provide adequate help? Table 6 summarizes the answers:

TABLE 6

	Yes	*No*	*Fair*
East:			
Group A	6	12	..
Group B	1	3	1
Midwest:			
Group A	1	3	1
Group B	3	3	1

Now the question remains for Illinois to decide whether or not it shall conduct Group B training schools for the sake of obtaining tangible results more quickly. One of us (C. F. R.) believes along with many other medical men that excellent institutional help can be trained in two years' time and that a preliminary high-school course of one to four years duration is not altogether necessary, provided extreme care is used in the selection of common-school material. However, it would seem that at the present time such a move would at least appear to be a step backward. We want the best of trained nursing care for our patients, and just now the consensus of opinion favors the longer course, while very naturally the high-school student is a preferred pupil because she is better prepared and upon the whole perhaps more ambitious than her common-school sister. *Of seventy employees with a common-school education recently interviewed by one of our chief nurses, not one evidenced a desire for special training!*

And there you are! Perhaps the difficulty lies in the spirit of the times; the girls who will work in a hospital for mental disorders are not interested in future benefits to be obtained by the sacrifice of more immediate pleasures. The question then remains: Can we in time make an appeal to the more far-sighted that will be strong enough to build up our schools to a point where they will even come near to supplying our needs? As to this, only time will tell; naturally we cannot continue the experiment indefinitely.

Supposing, then, that we are to go on with what is practically a three-year training school, let us see what light our questionnaire and our experience cast upon the matter of the curriculum.

Twenty-one hospitals out of 47 that had training schools for nurses sent us their curricula. Seven of these showed only a limited course of study, and three presented nothing more than three or four series of lectures, each series treating of a number of different subjects. These three are not included in the following discussion.

A careful study of the curricula submitted reveals some interesting data. Notwithstanding the fact that all were prepared by people interested in the same type of work and with the same purpose in mind, there is the greatest variance as to the subjects considered necessary, the number of hours devoted to each, and the point in the course at which each is presented. One fact, however, stands out in nearly all cases and that is the failure to pay any particular attention to subjects pertaining to psychiatry and the treatment of psychiatric patients. It is not uncommon to find that more attention is given to surgery and surgical diseases than to mental disorders, in spite of the fact that the average state hospital does little surgery.

Diversional and occupational therapy, now so extensively used in many state hospitals, are barely considered, while many hours are devoted to materia medica. Psychology is passed over lightly, only a small percentage of the schools deeming it necessary to include it in the curriculum at all. *Psychiatry, which should be the major subject of all, is given less attention than materia medica and ethics, and no mention is made of psychiatric clinics, a most important method of instruction.* Psychiatric nursing principles are also neglected, but in this case one is inclined to believe that the subject is taken up under a different title, possibly in the courses upon ethics or nursing principles or practical nursing.

The majority of schools are devoting the greater part of the first year to general nursing topics, very little attention being given to the psychiatric side of the instruction. One announcement states that the curriculum includes lectures and recitations on anatomy and physiology, hygiene, emergencies, materia medica, medicine, surgery, and obstetrics, while no mention is made of courses in the important subjects of psychiatry and psychology, although they are given a few hours in the last year. *The subject of mental hygiene is omitted from every curriculum.* Entirely too much emphasis has been placed upon the general aspects of nursing at the expense of the more special type so necessary to hospitals for mental disorders.

IMPORTANT POINTS TO BE KEPT IN MIND CONCERNING CURRICULA

1. A curriculum for our purpose is a course of study to be used in a hospital for mental disorders, and has as its specific end the training of young women for psychiatric work in such hospitals and in the community.
2. The course of study, if the school is to be accredited, must in every way meet the requirements of the state board of registration for nurses.
3. The various subjects should be evaluated and given time and place in the course of study according to their general importance and their relation to other subjects.
4. All the fundamental sciences of nursing must be taken up first, because it is only by an understanding and appreciation of such sciences that the student will be able to get the proper attitude and be able to pursue intelligently the more special subjects.

The subjects to be taken up in the preliminary term are anatomy and physiology, bacteriology, chemistry, drugs and solutions, emergencies, ethics, hospital housekeeping, hygiene, nursing principles, surgical technique, amusements, and occupational therapy.

Some portion of the preliminary term should be devoted entirely to intensive class work, and during these weeks no ward duty should be required. This period may be given at the beginning of the course or after the student has had a few weeks' experience on the wards.

The last half of the first year, at which time the student will go on active duty, will be devoted to the theoretical subjects: anatomy of the nervous system, clinics, dietetics, history of nursing, including the history of the care of mental patients, materia medica, pathology, psychiatric nursing, and psychology.

The entire second year should be spent in a general hospital, where the student may get training and experience in those subjects in which the state hospital is deficient—namely, communicable diseases, dietetics, diseases of the organs of special sense, gynecology, medical diseases, obstetrics, orthopedics, pediatrics, and surgery.

The subjects to be taken up in the third year are, in the first semester, clinics, hydrotherapy and massage, psychiatry, psychology, psychiatric nursing, and occupational therapy; in the second semester, hospital administration, clinical psychiatric methods, mental hygiene, professional problems, modern social methods, and a general survey of the nursing field.

There is much discussion just now regarding the length of *the three-year course*—whether it should be reduced to two years and four months or continue as at present. The curriculum outlined above is based upon the present length; if the reduction is adopted, the two subjects, mental hygiene and clinical psychiatric methods, must be included in the first half of the third year, and the other subjects of the last semester dropped from the curriculum.

The practical work should be planned so that the student will have experience in the various departments of the hospital. Here, also, good judgment must be used and the importance of training the student in practical work should be given due consideration. A judiciously planned schedule of ward service should be consistently followed, in which the student is not sacrificed for the service, or the patient for the sake of training the student.

THE MENTAL HEALTH OF 463 CHILDREN FROM DEMENTIA-PRAECOX STOCK

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ROSAMOND CLARK

THE present investigation was undertaken as a companion study to the work of Dr. D. A. Thom, who at the June, 1921, meeting of the American Psychiatric Society reported an investigation of convulsive inheritance in the offspring of epileptics. Dr. Thom was able to sound an optimistic note in regard to the percentage of normal children born of epileptic parents, thus bringing fresh hope to those who had long accepted the more or less fatalistic attitude that direct inheritance of epilepsy was to be expected if matings were made regardless of this disorder.

Dr. Thom gives in tabular form[1] the results of his findings as compared with those of Echeverria, whose statistics on this point of the inheritability of epilepsy are extensively quoted:

	Echeverria	Thom
Number of matings	136	117
Number of children	531	431
Normal	105	238
Epileptic	78	14
Insane	11	2
Feebleminded	18	14
Died	222	151

Dr. Thom's conclusions were as follows:

"1. Epilepsy as a disease is not transmitted directly from parent to offspring; rather we believe that it is a nervous system lacking in normal stability that is inherited, and the manifestations of this instability may be mental deficiency of all degrees, insanity of various types, neurological and psychopathic disorders, or convulsions from various exciting causes that would have little or no effect on a normally developed nervous system.

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[1] See *Epilepsy in the Offspring of Epileptics*, by D. A. Thom and Gerna S. Walker. *American Journal of Psychiatry*, April 1922, Vol. 1, p. 620.

"2. These mental and nervous disorders are less frequently found in the offspring of the so-called epileptic than we have heretofore believed, and the future of the offspring born of epileptic parents is not so hopeless as pessimistic authorities on heredity record.

"3. Maternal defects are more frequently manifested in some form or other in the offspring than are paternal defects, and, when present, are likely to appear at an earlier age.

"4. It was found that in only a few cases were we dealing with 'pure cultures' of epilepsy. In most instances, contamination was brought about by some defect in the other partner, such as feeblemindedness, insanity, alcohol, and syphilis.

"5. In this study it was found that convulsive disorders were more frequently found in the offspring of the organic group as compared with the idiopathic group. The organic group is, however, so small that too much consideration should not be given to this point. It should, nevertheless, stimulate further inquiry relative to the offspring of normal individuals and a larger group of organic cases.

"6. This study indicates the necessity of research relative to the transmissibility of genetic defects in both epilepsy and psychiatry. We feel that dogmatism regarding this aspect of mental diseases has not been justified."

Since dementia praecox, in whatever degree one wishes to consider it, is one of the most permanent groups of our hospital population, I was interested to know what the mental health of the offspring of this group would be.

From the card catalogue of the Boston Psychopathic Hospital records I took 1,000 names of cases that had been unequivocally diagnosed dementia praecox. While realizing that diagnosis is a matter of opinion, I took these cases purely alphabetically without reference to time of the diagnosis or the personnel of the hospital.

The first step was to find how many of these patients were married. Seventy-five of the 1,000 were not of marriageable age, leaving 925 to be considered. Of these, only 275 were married (5 twice). If one recalls the type of individual that goes to make up the dementia-praecox group, the reason for the few marriages becomes fairly evident. The indolent, seclusive, silent, awkward, sensitive, indecisive male has but a minor social part to play. These traits are not so conspicuous in women, since a more or less retiring disposition has been expected of them. This probably accounts for the fact that of the 275 married, the majority—194—were women.

The conceptions following these marriages were 605, and there were 463 living children[1] in evidence from the records. The plan of the work was to gather such data as would have present and future interest in the history of the development of these children. The items to be ascertained were: How many children are there, living or dead? How many miscarriages have there been? Age at death and cause of death? Age of the living at this date? School grade now? Grades repeated? Skipped? Stopped? If finished with school, age when finished? Work: variety, type, and remuneration? Health: good, bad, indifferent? Habits: social and anti-social? Conflict with law? Difficulties of child? Relatives' story of the situation and any dependable information that the relatives can give about them.

The obstacles that attended the gathering of this information will be comprehensible to any one who has attempted this type of investigation. Stated merely in terms of hours, the difficulties were enormous. The people whom we were trying to locate had been discharged from the hospital during a period of ten years—from 1912-1921—a period attended by all the changes that war brings. After repeated trials of letters, city directories, social agencies, police stations, and home visits, we began to believe that we were conducting a research indeed. When the right persons were found, fresh news—of twins, deaths, separations, deportations, movings—reduced the original figures by a distilling process and our items yielded new figures.

The children included in this study were the offspring of 136 matings:

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[1] Miss Rosamond Clark has had the entire charge of the social investigation of these children, aided by suggestions from Miss Hannah Curtis, Director of Social Work for the Massachusetts Department of Mental Diseases, to whom cordial thanks are due.

Children dead, not investigated	82
Children dead, but investigated	4
Chldren living and investigated	377
Total children	463

The number of children per mating was 3.4, which is probably the lowest desirable ratio of propagation.

A survey of any group of children would necessarily disclose frequent instances of the minor difficulties and disturbances of childhood, such as overgrowth of tonsils, adenoids, eye and ear defects, or sources of peripheral irritation. Discounting the effects of such factors as fairly common to all children, we find that the offspring of these dementia-praecox patients show surprisingly few mental peculiarities. The following table shows the deviations from normal among the 381 children investigated:

Normal	295
Feebleminded	4
Dementia-praecox cases	5
Backward	12
''Nervous''	12
Physically diseased*	17
Cases of conduct disorder	36
Total investigated	381

* Two dead.

Our aim has been to tell the worst about these children, though since this report concerns mental health, one might leave out the physically diseased (17) and the cases of conduct disorder (36) if one were pleased to do so. But even including these two classes among the deviators, we still have a fairly satisfactory percentage of normal children—295 out of 381, or 77.4 per cent. On the other hand, one must admit that these children have not all reached the praecox zone, and if, as Dr. Annette McIntire[1] states, the mental-disease process known as dementia praecox apparently does not develop as a recognizable psychosis in very great numbers of cases before the beginning of the adolescent period, we must not be too comfortable about the 295 apparently normal individuals, since the ages of the 381 are as follows:

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[1] *Psychoses, Psychoneuroses, and Psychopathic Conditions in Children.* By Annette M. McIntire. *Boston Medical and Surgical Journal,* May 11, 1922, Vol. 186, pp. 630–641.

Under 6 years	62
6–10 years	138
11–15 years	94
16–20 years	50
Over 20 years	37
Total	381

The group under six years can hardly be judged from the psychiatric standpoint. So far as they can, the prognosis is good, since the physical health of only 2 is said to be "bad". Four more are classed as "indifferent"—*i. e.,* suffering from malnutrition; so that 56 out of the 62 have good health. Fifty of these have a clear record for health and habits, and no difficulties.

All but 3 of the next group (6-10 years) go to school. These 3 are feebleminded; 2 others are antisocial; physical health is reported as poor or indifferent in 14; and backwardness, insanity, neglect, poor vision, nervousness, poor articulation, obstinacy, temper, overindulgence, and fears are noted in 22 others—a total of 41 in 138 that have not a clean slate. But 70 per cent of this group have so far an encouraging record.

In the group from 11-15 years, another factor may operate to pull down the average on the clear slate—namely, possible conflict with law. But even with this factor included, 67 of the 94 have a clear record, the majority of them being in school and not a few earning money besides. Two are specially noted as being backward; one has developed dementia praecox; others suffer from overindulgence or are "nervous", sensitive, irresponsible, or syphilitic.

The group from 16-20 years shows 31 of the 50 to be normally progressive adolescents, while only 2 of the group are feebleminded. The others suffer from "nervousness", have tuberculosis or nervous hearts, lack nourishment, are truants, seclusive, or antisocial, or have had minor conflicts with the law. Despite these handicaps, 39 out of the 50 are earning \$9 to \$25 a week (the remaining 11 being unemployed), the majority have completed at least grammar school, and many have gone higher.

In the group over 20, perhaps the most interesting of all, 26 have a good record. All but 3 are working and earning from $12 to $35 a week. Two are feebleminded; one is dead after being hospitalized as a case of dementia praecox; one is "nervous" after the war. Only 2 are antisocial, and one is hampered by home conditions resulting from the mother's incomplete recovery.

We came across no hint of "nervousness" in the histories of the 82 children who died before the investigation. Most of them died under the age of five, and as usual with the young, infections predominated as causes of death. Our findings with regard to these 82 children are given in tabular form below:

CAUSE OF DEATH OF 82 CHILDREN

Cause	*Number*
Birth accidents	4
Starvation	5
Heart lesions	2
Infections	45
Accidents	9
Unknown	17
Total	82

AGE AT DEATH OF 82 CHILDREN

Age	*Number*
Under 1 year	51
2–5 years	17
6–10 years	8
11–15 years	1
16–20 years	3
Unknown	2
Total	82

The dementia-praecox patients, 5 in number, lie in the small group between the ages of fifteen and twenty-five, for the most part in the postpuberty period. While but two have had hospital residence with mental examinations, one other committed suicide at sixteen after trying experiences with an insane mother. These experiences, together with that of being shut in a room for sixteen weeks, led to shyness and living with books, so that when the child was put on a farm, his sense of direction and his ability to overcome obstacles of a physical nature were entirely undeveloped. Going for cows and getting lost in the pasture were apparently unbearably disagreeable experiences, for suddenly he was found dead, floating in a stream.

The sister of this boy is another of the dementia praecox patients. She has been silly and emotional since the age of eighteen and has no goal or plan, drifting from one occupation to another, imagining sex assaults, and gossiping outrageously.

The fifth case is perhaps rather pre-praecox than really developed, but the boy's sensitive, shut-in, seclusive habits predict the type, although he earns $14 a week and is helpful and obedient.

More detailed accounts of the histories of these five praecox cases may be of interest:

Case 1. The patient in this case was the father, an alcoholic. He was an illegitimate child, the son of a priest. At about the age of twenty-five he married, wife's age unknown. The mother was a nervous and irritable woman who had from 3 to 4 convulsions a month during pregnancy. Four children were born before the father's attack, which resulted in his commitment to a California state hospital. At the age of thirty-four he escaped. Later he came into the care of the Boston Psychopathic Hospital (No. 9709) and was committed to the Medfield State Hospital, where he died on October 7, 1918, at the age of forty-five. Of the four children, three died of infectious diseases, complicated in the case of two of them by convulsions (terminal). The fourth child was brought to the Boston Psychopathic at the age of fifteen (No. 10347), suffering from hallucinations. He was committed to the Foxborough State Hospital, but escaped in 1918.

Case 2. The mother, the patient in this case, married at nineteen and had three children. The father was alcoholic. The mother left him sixteen years before her symptoms began at the age of forty-one. At forty-five she came to Boston Psychopathic Hospital (No. 12771), and in 1919 was sent to Danvers State Hospital (No. 21661). She has been on no visits. One of the children died in infancy and another, who had been a dwarf from birth, at eighteen, of heart trouble. The third, a boy, left school while in the high school. He changed jobs frequently, but averaged $20 a week. When he was twenty-two he came to Boston Psychopathic (No. 16361), and died at Boston State Hospital in 1922. An autopsy was performed.

Case 3. The mother was the patient in this case (Boston Psychopathic Hospital No. 9970). She married twice—once at twenty-five and again at thirty-one. Six children were born of the two marriages, all before the appearance of the mother's mental symptoms, which began when she was forty. The boy in question was a child of the first marriage. His father died of tuberculosis. The boy was always peculiar—seclusive, apathetic, and slow, shy, self-conscious, and very religious. He was a masturbator. His peculiarities were intensified by the experience of being locked in a room for sixteen weeks by his mother. Sent to a farm at the age of sixteen, he was one day found dead in a stream. An autopsy showed no water in the lungs, and death was probably due to a spasm of the glottis. While there was no mental examination to establish the diagnosis, he was probably suffering from dementia praecox.

Case 4. A sister of the boy just discussed, a peculiar neurotic, religious girl who lies and is subject to fainting spells and has imaginary sex experiences. Her peculiarities are marked at the menstrual period. She was examined at the out-patient department of the Boston Psychopathic and showed an I. Q. of 67, mental age 10 8/12; her chronological age at the time was twenty-five. She was a good cook and is working as a domestic. We have placed her in the dementia-praecox group, but with a question mark after the diagnosis.

Case 5. The mother of this boy is full of fears. The paternal grandfather was ''queer'', and the aunts and uncles on the father's side were nervous. The father, who is the patient (Psychopathic Hospital No. 11326) has been more or less jealous, suspicious, seclusive, and moody all his life. He was committed to Westborough State Hospital at forty-four (No. 13961) and has not been allowed out on visits. The father married at twenty-seven. There were eight children, two of whom died of infectious diseases. Of the six living, one is normal and five are ''nervous''. The boy in question is peculiar, sensitive, shut in, but devoted and faithful. At the age of eighteen he is earning $14 a week. We have classified him as a pre-praecox case.

If it is true that the ''nervous'' child of to-day may become the praecox patient of to-morrow and that ''for many months, indeed in some cases for years, before the disease is recognized as such there are many symptoms premonitory of the actual disease, which may in some cases be so long protracted that the schizophrenic make-up may be fairly easily recognized during the early years of childhood and adolescence'',[1] then the 12 cases of ''nervousness'' need watching. These 12 cases are retailed for the value they have in being so labeled by relatives, usually a reliable sign of difference from the other children in the family or the neighbors' children. It will be noted that whatever form the ''nervousness'' takes, it has not kept those of school age from attending school. Furthermore, the 4 over fourteen years old are contributing to their own support, their wages ranging from $1.50 a week in the case of the fourteeen-year-old to $20 a week in that of the twenty-eight-year-old.

[1] See page 634 of Dr. McIntire's paper referred to on page 139.

"NERVOUS" (12 CASES)

Parent	*Age of offspring*	*Diagnosis*	*School grade*
Father	5 years	Restless and fussy	None
Mother	6 years	Excitable	First
Father	7 years	Fears, tics, lisps	Second
Father	8 years	Habit defects	Third
Mother	9 years	Sensitive	Third
Father	9 years	Fears, afraid to play	Third
Father	10 years	Light sleeper	Fourth
Mother	12 years	Cannot keep on subject	Sixth
Father	14 years	Bites nails, fears	First year high school
Mother	19 years	"Unlike sisters"	Second year high school
Mother	21 years	Nervous temperament	Graduated high school
Mother	28 years	Post-war neurosis	Graduated grammar school

The feebleminded (4) are all children whose mothers were the patients, as was the case in 74 of the 86 deviators; the father was the patient in the case of 45 of the normal, the mother in 239 of the normal. These feebleminded offspring are of low mental age, are very much overweight, and probably need institutional care. Two are under seven and are not in school; the other 2 are able to earn money, though their school period was meager in one case and unascertained in the other.

The backward or lazy have had early feeding difficulties or depleting diseases, or have suffered from eye defects, and show the effects of these health deviations in their school work. The sixteen-year-old is earning $9 a week.

BACKWARD OR LAZY (12 CASES)

Parent	*Age of offspring*	*Diagnosis*	*School grade*
Mother	3 years	Talks indistinctly	None
Mother	7 years	Does not grasp school work	First
Mother	8 years	Cannot remember	Ungraded class
Mother	8 years	Restless, inattentive	First
Mother	9 years	Inattentive, lazy	Second
Mother	10 years	Speech defect, backward in classes	Third
Father	10 years	Falling behind in classes	Sixth
Mother	11 years	Lazy	Fourth
Mother	12 years	Repeated grades	Fourth
Mother	13 years	Repeated (5) grades	Fourth
Father	14 years	Slow in classes	Sixth
Mother	16 years	Repeated grades	Stopped at sixth grade

The physically diseased are undoubtedly for the most part recoverable cases, since malnutrition is the greatest difficulty in this group, and the heart lesions may be outgrown. It will be noted that only 4 have not been in school, 2 having died before school age, and the other 2 not having attained it. The 4 over thirteen are contributing to their own support, their wages ranging from $9.50 to $25 a week.

PHYSICALLY DISEASED (17 CASES)

Parent	*Age of offspring*	*Diagnosis*	*School grade*
Mother	1 year	Rachitis	None
Mother	1 year	Syphilis*	None
Mother	5 years	Rachitis, convulsions*	None
Mother	5 years	Mouth breather	First
Mother	6 years	Syphilis, rachitis	None
Mother	6 years	Malnutrition	First
Mother	7 years	Malnutrition	Second
Mother	8 years	Malnutrition	Third
Mother	8 years	Bronchitis	First
Mother	9 years	Underweight	Fourth
Mother	10 years	Malnutrition	Fifth
Father	11 years	Heart lesion	Sixth
Mother	12 years	Heart lesion	Seventh
Mother	13 years	Tuberculous heel	Sixth
Mother	18 years	No strength	Graduated grammar school
Mother	19 years	Heart lesion	Second year high school
Mother	23 years	Empyema	Graduated high school

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* Deceased.

The cases of conduct disorders, varying from difficulties due to poor home control (15) through minor conduct disorders (9) to actual conflicts with the law (12), might be duplicated in any group of families. These conduct disorders vary from reactions to abuse or to spoiling and irritability to dishonesty, truancy, larceny, and immorality. Many of them are episodic in character; others are continuous. But they have not prevented the children of school age from going to school and the older ones from contributing to their own support, their wages ranging from $16 a month to $30 a week.

The parents of all of these children are distinctly not well-to-do; many are foreign born; for the most part their occupations belong rather to the class of unskilled labor than to the skilled, and their financial provision for the future is exemplified in the emergency arrangements they make—*i. e.*, the sick member of the family is sent to the state for care. Therefore, the children are not as closely under medical care as more expensively reared children, and their developmental difficulties may not be as early corrected; they suffer somewhat from this. It has been frequently noted by Miss Clark that a "child has been less nervous since adenoids were removed" or after tonsillotomy. Then, too, inclement weather keeps the little ones from attending school and thus is a factor in promotion irregularities in the primary grades. "Moving" is also a frequent reason for failure to win promotion, and then there are illnesses, individual, epidemic, or endemic, which interfere with school work. With all these small handicaps, it is noteworthy that the general percentage of scholarship is high, there being but seven instances in which poor scholarship has been reported, not including the backward, who may be in a lower grade than their age warrants, but in all are doing fair work.

SUMMARY

I. One thousand names of patients with the single diagnosis of dementia praecox were taken alphabetically from the Boston Psychopathic Hospital discharge cards.

II. Nine hundred and twenty-five were of marriageable age. Two hundred and seventy-five married (5 twice), and of this number 194 were women.

III. These individuals were all in the laboring class, usually in the less skilled occupations. Many of them were foreign born. Their offspring are of a slightly higher occupational level.

IV. The final analysis rests on an investigation of 381 children (4 of whom have since died), the offspring of 136 matings.

V. Of the 381 children, 86 deviate from the normal, either mentally, physically, or socially.

VI. Of the 86 deviators, the mother had been the patient in 74 cases, the father in 12 cases.

VII. Of the 295 normal children, patients were the mothers in the case of 250 of the offspring, the fathers in the case of 45.

VIII. The majority of the 381 children, if of school age, are in school regardless of their deviations; those of older years are for the most part engaged in gainful occupations.

IX. The deviators consist of 5 dementia-praecox patients, 4 feebleminded, 12 backward, 12 nervous, 17 physically diseased, and 36 cases of conduct disorders, a total of 86; 58 were under sixteen years of age, 28 over sixteen years.

X. The final conclusion remains *in statu quo,* since the 295 normals may show symptoms later, 234, or 79 per cent, being under sixteen, 61, or 21 per cent, over sixteen; *but to date they have shown none of the symptoms under discussion.*

XI. The value of this work will best be shown if those of the 377 who are still living are visited again in 1925 and in 1930, at which time the stability of those who now seem normal will be either proven or disproven.

ORGANIZATION OF OCCUPATIONAL THERAPY IN A STATE HOSPITAL*

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THE treatment of patients by suitable occupation is assuming a large place in state hospitals for mental disease. It is now generally agreed that occupational therapy, when joined with physical training and recreation, constitutes the best available method of treating the vast majority of chronic mental patients, and that it may also be employed with good results in many acute cases. It follows, therefore, that the state hospital that does its full duty will make provision for the therapeutic occupation of a large part of its patient population. The New York State hospitals and the progressive institutions of other states are engaged in making such provision as rapidly as circumstances permit.

The introduction of occupational therapy on a large scale in a hospital that has done little or nothing in this field will have a profound effect on the hospital organization. It involves the transformation of the hospital from a more or less passive institution to an active one. It means the addition to the hospital proper of a school of behavior that may ultimately become the largest and most effectual branch of the hospital work. Such transformation has already been wrought with good effect in some of the best state hospitals of Illinois.

Owing to the rapid development of occupational therapy since the beginning of the war, scanty attention has been given to the organization of the work, and a standard scheme of organization has yet to be devised. The suggestions offered in this paper are derived principally from my observations in New York State and the state of Illinois. The scheme of organization proposed is a composite one and is to be considered as tentative rather than final.

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* Read before the Quarterly Conference of the New York State Hospital Commission with Superintendents and Managers, New York, December 8, 1921.

Occupational therapy, as the name implies, is a branch of medicine and therefore should always be carried on under the direction of hospital physicians. The superintendent is naturally the principal of the occupational-therapy school, but in large institutions it will be necessary for him to delegate the work of supervision to one of his chief medical assistants. The physician selected should have a deep interest in the work and enough knowledge and executive ability to carry it on smoothly and effectively. He would be responsible to the superintendent for the organization and conduct of the school; he would make provision for classrooms and workshops, for the purchase of supplies, and for the sale of finished products; he would confer with the physicians in charge of services and secure their active coöperation. He would oversee the work of the various classes and, subject to the approval of the superintendent, would make necessary changes in the courses of instruction and the staff of teachers.

At the head of the teaching force there should be a chief occupational therapist, a man or woman well trained in arts and crafts and skillful in dealing with mental patients. It is of the highest importance that the person chosen for this position should have enthusiasm, vision, initiative, tact, and a background of successful experience. The chief therapist would carry out the plans of the principal in organizing the school and closely supervise the work of the assistant teachers. He would have charge of the records of the school and make daily and monthly reports to the principal; receive patients from physicians and assign them to proper classes; promote and transfer patients with the approval of the principal; hold teachers' meetings; and do all in his power to promote the efficiency of the school.

The therapists or assistant teachers should be well trained for the work, either in schools of arts and crafts or of occupational therapy proper, and should have had practice work under supervision before being engaged. The number of teachers required will vary with the size of the hospital and with the number of patients who are able to receive instruction. A ratio of one teacher to one hundred patients would be none too large in most hospitals. At the Kankakee State Hospital there are now twenty-nine teachers with a patient population of about 3,300. As a teacher takes the place of an attendant and as the patients who receive instruction soon require less supervision, the establishment of the school will not increase the total number of employees. The pay roll, however, will be somewhat larger. When the school is well under way, the increased productivity of the patients and the saving in laundry, bedding, etc., should more than compensate for the added expense of maintaining the school.

Each teacher should be assisted by one or more attendants. The size of the classes will vary from twenty to fifty, depending on the mental condition of the patients and the nature of the work to be performed. Two physical instructors will be needed, one for the men and one for the women patients. Each instructor should have one assistant. These would work under the direction of the principal and chief therapist. In the larger hospitals there should be a director of amusements and a supply and sales clerk. A clerk should also be detailed to the chief therapist to keep the individual school records of patients.

The occupational-therapy school should be graded and there should be a regular line of promotion from the lowest to the highest grade. Each patient should be assigned by a physician to the grade best fitted for him, and his progress should be carefully watched. If he progresses rapidly, he should be promoted; if he makes no progress, a different assignment should be given him.

In the Illinois state hospitals the occupational-therapy course comprises six grades—namely, habit training, kindergarten, Grade C, Grade B, Grade A, and pre-vocational work. In all of the advanced grades, a large variety of work is offered so that each patient may be given suitable occupation.

The instruction should be mainly individual and should be carried on to fulfill the three principal purposes of occupational therapy—namely, to improve the patient's mental conition, to make him a contented and effective member of the hospital community, and to fit him for usefulness outside the hospital. While these purposes overlap and do not apply equally to all patients, it is well to bear them in mind, especially in planning courses of instruction for patients who are expected to maintain themselves after leaving the hospital. Naturally there should be a happy blending of work, recreation, and amusement.

Whether the routine hospital work and the ordinary industries such as the shoe shop and carpenter shop should be incorporated with the occupational-therapy department is a debatable question. If these industries were well organized, they could give pre-vocational courses to convalescent patients about to be discharged and could be made highly serviceable to the institution.

The work in vocational training in the Jacksonville (Ill.) State Hospital is described in a recent report as follows: "We have in the neighborhood of 300 patients who are receiving vocational training. This includes carpentering, masonry, bricklaying, plumbing, electrical work, farming, gardening, tailoring, painting, stenography, bookkeeping, mechanical drawing, automobile mechanics, music and vocal training, and the making of brushes, brooms, furniture, etc. They receive instruction from employees, some few of whom are very efficient instructors. A large number of the patients have made rapid progress; some have left the institution and taken up the trade or vocation they learned while patients of the Jacksonville State Hospital, and are making a living for themselves and families."

I believe occupational therapy should be utilitarian so far as practicable and that the labor of the patient should be made as productive as is compatible with his physical and mental well-being. This means the organization of work so that each process, however simple, will contribute to the finished product. For example, in toy-making the separate pieces could be sandpapered in Grade C, assembled in Grade B, and painted in Grade A. The use of artistic designs will be pleasing to the patients and will add greatly to the sale value of the articles made. It must also be remembered that the production of saleable articles has more therapeutic value than the production of worthless ones.

Patients whose mental condition will not permit of their parole, but who acquire a high degree of skill and earn more than the cost of their maintenance should be rewarded. The nature of the reward would depend upon the individual patient, but if the principle were adopted, the application could well be left to the medical authorities.

The records of the school should be so kept that at the end of each fiscal year a summary and analysis of results could be made. If such records were kept by all of our state hospitals, the groundwork of a science of occupational therapy would soon be laid and better methods and a more efficient organization would gradually be evolved.

In any scheme of organization, the necessity of making occupational therapy fit in with the other functions of the hospital must constantly be kept in mind. Occupational therapy is not to be regarded as a thing outside the institution, but rather as an organic branch of the hospital itself. Teachers, nurses, and physicians are co-workers, each having an essential part in the noble task of rebuilding broken lives.

MONOTONY

AMANDA BENJAMIN HALL

It happened all t' once one day when I was pitchin' straw
To bed the old mare. (It was fall an' nights was gittin' raw.)
I seen her starin' through the pane so kind o' childishly
It made the creeps go up my back. I tu'ned around to see
What caught her eyes, rememberin' the way they'd sometimes gleam
When up the road from Centreville the dust would bring a team.
But no, there warn't a thing in sight. I hurried to the door
An' opened it nor rightly knew why I had left the chore
Half done like that to go to her nor that the clammy sweat
All over me was but a dread o' what I'd never met. . . .
The kitchen shone as neat as wax. She always was a hand
To keep it so, but at that hour I couldn't understand
Why she warn't busy, why the stove was cold instead o' hot—
She'd never missed a meal on time if I was there or not.
'Twas close on sunset. As she stood her apron caught the hue
An' made her look unearthly like. "Nell, what's gone wrong with you
To make you stare that half-baked way?" I snapped, but she stayed dumb,
Her face against the windowpane where the geranium
An' mignonette an' heliotrope she'd planted in a row
Looked reachin' out to catch the sun before it had to go!
I couldn't seem to bear that glory shinin' round her head
Nor her strange stillness. "Tell me, Ma, what's plaguin' you?" I said.
She laffed then an' my blood run cold, because it was the kind
O' scary sound that women make when they have lost their mind. . . .
An' so I had to send her off. . . . I've got her in a place
The state provides. The doctors tell me it's a hopeless case. . . .
But to this day I'm blessed if I can tell what turned her queer—
She hadn't stepped foot out-o'-doors for nigh on thirty year!

—*The Measure*

ABSTRACTS

THE BROADENED INTERESTS OF PSYCHIATRY. By Albert M. Barrett, M.D. *American Journal of Psychiatry,* 2:1-13, July, 1922.

In this presidential address to The American Psychiatric Association at their Seventy-eighth Annual Meeting, Dr. Barrett outlines the new fields of work that have opened up before psychiatry in the last few years and the responsibilities that have devolved upon psychiatrists in consequence. The public is interested in the mind and its problems as never before in the world's history, and the realization is growing that mental disorders are not confined to the formal psychoses that call for hospital care, but are to be found in varying degrees in every walk of life. Schools, courts, social agencies, industrial and military establishments, are beginning to recognize the psychiatric factors in their problems and to turn to psychiatry for help in solving them. In meeting this growing need, the hospital for mental disease has a leading rôle to play, in view of the circumstance that the historic development of psychiatry has largely centered about such hospitals. The interest of the institutional psychiatrist must no longer be confined to the patients who are committed to his care; his experience and training must be placed at the service of the community. Through out-patient departments, traveling clinics, and psychiatric wards in connection with general hospitals and dispensaries, facilities for the examination and treatment of mental disorders must be made as readily available as facilities for the examination and treatment of physical disorders. In many cases, early treatment will do away entirely with the necessity for hospital care; and many other cases can be returned to the community—with benefit both to themselves and to the overcrowded hospitals—if proper provision is made for extramural care and supervision. In this connection Dr. Barrett suggests that more effort than is customary might well be directed toward the social rehabilitation, through habit training, of patients of the dementia-praecox, manic-depressive, and paretic groups, who are often for long periods in no need of hospital care.

In any psychiatric program for some time to come, educational activities must have an important place. The public should be informed as to the factors that produce mental disorders and as to measures for assuring mental health. The psychiatric viewpoint should be urged upon all organizations that deal with behavior problems. Non-medical workers in fields that lie within the province of psychiatry should be trained to appreciate the interrelation of disease with abnormalities of mind and character, to counteract the present tendency to place undue weight upon the part played by intelligence deficiencies in the production of behavior problems. Instruction in psychiatry should be included in the curricula of law schools, since "psychiatric experience, better than any other, points the way toward adapting the theory and practice of the law to the changing needs of human society". In the medical schools, above all, there is need for psychiatric training, even for those who do not plan to specialize in disorders of the mind. The general physician is in a position to do valuable work in the prevention of mental disorders if he has had a training that will enable him to detect such disorders in their incipiency.

Research work and the correlation of knowledge gained in various fields is important for any science, but especially so for psychiatry, with its complex problems centering around the efforts of the personality to adapt itself through mental functioning to the demands of its environment. While few mental hospitals have the resources for carrying on an extensive research program, almost all are in a position to make some contribution in this field. Dr. Barrett is of the opinion that mental hospitals would find it less difficult to secure the services of young men of ability if they would offer better facilities for research work and an atmosphere in which enthusiasm for such work could flourish.

The broadening interests of psychiatry are exemplified in the history of The American Psychiatric Association. "As the Association of Medical Superintendents of American Institutions for the Insane, it stressed in its programs for many years administrative problems, but in succeeding time tended more and more to show an interest in specific medical aspects of its work. It is of interest to note that it had from its earliest beginnings an appreciation of what we now regard as the social aspects of psychiatric work. Its programs usually carried discussions on medico-legal relations of insanity, and at its second meeting it undertook a statistical study of the interrelation of suicide with insanity. The change of the name of the association in 1892, when it became the American Medico-Psychological Association, marked the broadening of its interests and a more specific statement of its concern with mind in medical relationships. Again in the progress of time it comes to a new period in which psychiatry has shaped for itself a definite position as a branch of medicine, and as The American Psychiatric Association it starts on a new epoch in which its interests are extended to include all that concerns mental disorders in their widest relationships, as problems of disease and their social effects."

Results of Venereal Disease Control. *Statistical Bulletin* (Metropolitan Life Insurance Company), 3:4, June, 1922.

Figures for industrial policy-holders of the Metropolitan Life Insurance Company during the last four years show a decrease in mortality rates for the venereal diseases. Since 1917 the rate for syphilis, locomotor ataxia, and general paralysis of the insane has declined 21 per cent, the figure for 1921 being 13.1 per 100,000 as compared with 16.6 in the earlier year. It is interesting to note that while there was a considerable increase each year from 1911 to 1917, there has been a sharp drop since then. This change is even more significant in view of the fact that reporting is more accurate on death certificates. The decline, therefore, has been accomplished in spite of better reporting. The decline seems to be most decided in the case of syphilis. The figures indicate that the difference between the rates for 1917 and for 1921 is chiefly accounted for by the lowering of the rates in the age period between twenty-five and fifty-five years. This improvement may be due to improved methods of treating syphilis as well as to the various measures of control established during the war by private agencies acting in coöperation with the government.

A Study of the Venereal-Disease Problem in New York City. By Lesley W. Funkhouser. *Journal of Social Hygiene,* 8:307-26, July, 1922.

This paper gives the findings of an investigation conducted by the Subcommittee on Venereal Disease of the New York City Charity Organization Society during the six-month period from April to November, 1921. The investigation was undertaken as the result of a growing realization of the effects of the venereal-disease problem upon all phases of family and community life. Three aspects of the subject were studied—the venereal-disease patients themselves as they came under the care of the society, the facilities available in New York City for their treatment, and the present legislation bearing upon the problem. The data were obtained from case records of the society, visits to veneral-disease clinics, and interviews with state and city officials and private citizens interested in the problem.

The study of patients consisted of an examination of the records of 364 cases, the total number of venereal-disease cases, either diagnosed or suspected, under the care of the society during the two-year period from October 1, 1919, to October 1, 1921, comprising about 6 per cent of the entire case load during that period. One of the striking facts brought out by a study of this material was the increasing efficiency of social workers in recognizing and dealing with this problem. In 1921, 64 per cent of the diagnosed cases were taking treatment as against 57 per cent in 1919; follow-up work, including a complete examination of all members of the patient's family, was carried on in 44 per cent of the cases as against 42 per cent in 1919; and examinations were secured in 44 per cent of the suspected cases as against 36 in 1919. It was noticeable, too, that increasing effort was being made to secure such details as source of infection, stage of disease, and the like. It was evident, however, that lack of adequate medical knowledge on the part of social workers often prevented recognition of venereal-disease cases as they appeared in the home, with the result that efforts at relief were misdirected.

Statistics compiled from the case records showed that the majority of cases were those of syphilis in the adult; gonorrhea figured very slightly, probably because it is less likely to come to the attention of the social worker. Ninety-one per cent of the syphilitic cases were in the third stage of the disease. The source of infection had been ascertained in only 23 per cent of the cases, the majority of these being infections of the wife by the husband. Fifty-seven per cent of the group were married, 21 per cent were widows, and 9 per cent deserted wives. In the matter of nationality, Italians furnished the highest percentage of cases—34, followed by the Americans with 23; negroes showed an unusually high incidence of venereal disease in proportion to their numerical prominence. The physical disorders that appeared most often in conjunction with venereal disease were tuberculosis, pelvic trouble in women, and general debility. Immorality, alcoholism, desertion, and shiftlessness were the principal correlated social factors. The importance of the problem from an economic point of view is evident from the fact that in 42 per cent of the cases studied, financial relief had to be administered because of the venereal-disease factor in the situation.

So far as could be ascertained, there are at present in New York City about 55 venereal-disease clinics and 6 hospitals with facilities for the treatment of the disease. Of these, 13 clinics and 2 hospitals were chosen for intensive study, the selection being made on the basis of extensive use by patients and also on the basis of efficiency from the medical standpoint of the American Social Hygiene Association and the social standpoint of the Charity Organization Society. Generally speaking, the following practices were found to be common to all the clinics:

1. Clinics are not restricted. Patients will be accepted without question from any part of the city.
2. No charge is made to patients who are unable to pay for treatment.
3. Wassermann tests are given direct if so requested, without the necessity of having the patient pass first through the general medical clinic.

4. Wassermann tests are not taken as a routine part of the general medical examination.
5. Diagnoses concerning patients can be obtained only by letter from the superintendent of the hospital, and as such are considered strictly confidential.
6. Treatment is given in courses, and no patient is considered discharged for a period of at least two years.

The clinics investigated are located all over the city and handle from 30 to 4,000 active cases, according to the size of the clinic. The doctors estimate that from 30 to 50 per cent of their patients discontinue treatment before being cured. All the clinics claim to make daily reports of their infectious cases to the department of health, but none of them use the department to secure compulsory treatment for such cases.

While the work of these clinics is steadily improving, there are a number of ways in which they could be made more efficient. Their outstanding needs at present are: 1. *Increased clinic space.* 2. *Increased personnel* (more doctors and trained laboratory technicians, and most of all enough social workers to carry on follow-up work adequately; it was found that the clinics whose social workers were able to give attention to this work showed the highest percentage of patients who continued treatment until cured). 3. *More adequate hospital facilities for the care of venereal-disease patients.* (This applies especially to the taking of spinal punctures, for which all clinics are dependent upon beds in general-hospital wards.) 4. *Reduction of clinic fees.* (The present charge for salvarsan treatment, ranging from $1.25 to $3.00 a dose, is practically prohibitive for the majority of the patients these clinics handle. The same thing is true of spinal punctures, the charge for which ranges from $2.00 to $4.00.) 5. *More free night clinics.* 6. *A more efficient record system.*

Legislation affecting the venereal-disease problem in New York City is administered almost entirely through the venereal-disease division of the bureau of preventable disease of the city department of health. The executive staff of the division consists of one doctor and two clerks, working under the director of the bureau of preventable diseases, which is independent of state control and absolutely responsible for the administration of venereal-disease legislation in the city. This legislation is fairly adequate; the weak point in the situation is its enforcement. The principal laws bearing upon the problem are as follows:

1. Compulsory reporting of all venereal-disease cases to the department of health. Largely disregarded by hospitals, dispensaries, and physicians. The chief single source of information with regard to the prevalence of venereal

disease in the city is the department-of-health laboratory, which in 1920 reported 13,150 positive cases of syphilis and 1,896 of gonorrhea.

2. Compulsory examination, through the courts, of all persons arrested on the charge of vagrancy or immoral conduct. Well enforced.

3. Prohibition of publication in the press, or in printed matter to be carried through the mail, of advertisements regarding the diagnosis, treatment, or cure of venereal disease. A state law, generally well enforced.

4. Compulsory treatment of infectious-stage cases. Ineffective largely because few complaints are made under it; only one visiting nurse is assigned to the investigation of such complaints, and only 98 cases were reported in 1920.

5. Compulsory examination of food handlers. Examination may be made either at the occupational clinic of the department of health, which has a staff of nine physicians and seven nurses, or by private physicians approved by the board of health. During 1920, 17,143 food handlers were examined at the occupational clinic, and 55,673 by private physicians. Only 10 persons were excluded by the clinic because of an infectious syphilitic condition; 86 were placed on probation because of latent or inactive syphilis. Only 3 were excluded because of acute gonorrhea and 28 placed on probation because of a chronic gonorrheal condition. This ordinance includes masseurs, but not barbers, as does the state sanitary code.

6. Two provisions in the state domestic-relations laws. The first requires from applicants for a marriage license a signed statement that they have never to their knowledge been infected with venereal disease or if they have been so infected within five years, have been certified by laboratory test to be free from infection at the time of application. This provision is of slight value, as the signing of the statement is merely a matter of form. The second permits the annulment of a marriage to which one of the parties has been led to consent by fraud, and in one definite instance a marriage has been declared void under this statute because at the time it was celebrated one of the parties thereto deliberately concealed a condition of venereal-disease infection. This case is a valuable precedent for future action.

7. The provision of the federal-immigration law for the exclusion of any person afflicted with a ''loathsome or dangerous contagious disease''. This is enforced by means of the examination of immigrants at Ellis Island and the deportation of those who are found to be positively infected. It is less effective than it might be because of the more or less superficial character of the examination resulting from congestion and lack of adequate personnel. The further provision for the deportation within five years after entry of any alien who at the time of entry was a member of one or more of the classes excluded by law is practically impossible of enforcement in the case of venereal-disease cases, owing to the difficulty of proving that the disease was not acquired after entry. The law providing for a fine of $200 to be paid by any steamship company that lands an alien found to have venereal disease offers additional assistance in securing stricter supervision of venereal-disease cases.

Other weaknesses in the handling of the venereal-disease problem in New York City brought out by the survey were the lack of facilities for institutional care of congenitally syphilitic dependent children and the difficulty of securing the admission of syphilitic patients to convalescent homes for temporary care.

OUTCOME OF 1,000 CASES PAROLED FROM THE MIDDLETOWN STATE HOMEOPATHIC HOSPITAL. By Maurice C. Ashley, M.D. *The State Hospital Quarterly,* 8:64-70, November, 1922.

This is a brief statistical study of 1,000 patients—392 men and 608 women—paroled from the Middletown State Hospital during the past ten years. The author first lists the 1,000 patients by psychoses, showing how many of each group were discharged and in what condition—whether recovered, improved, or unimproved—how many were returned from parole, and how many were still on parole (exclusive of reparoles and paroles of readmissions) at the time the study was made. Of the 1,000 paroled, 6 were without psychosis and were later discharged; 465 were discharged as recovered, 75 as much improved, 174 as improved, and 78 as unimproved. Eighteen who died on parole were included among the discharged under one or another of the headings. One hundred and twenty-six patients were returned to the hospital, and 76 were still on parole. The manic-depressive, dementia-praecox, and alcoholic groups led in the total number paroled (299, 207, and 80 respectively); the manic-depressive and alcoholics led in number of recoveries (204 and 52 respectively); and the dementia-praecox and senile groups in number of returns (49 and 16 respectively).

Investigation of the subsequent histories of the 798 discharges yielded the following data with regard to economic condition: 346 were self-supporting (able to do as competent work as prior to their illness); 233 were partly self-supporting (working irregularly and incompetently); and 173 were entirely dependent (not only incapable of work, but in need of constant care and supervision); the economic condition of 46 was unascertained.

The social histories of the discharged cases were as follows: 561 had no social difficulties; 182 had social conflicts; 9 committed suicide; the histories of 46 were unascertained. Social conflicts include friction with family, community, or employer of such a nature as to be called to the attention of the hospital authorities; maladjustments resulting in arrest for such offenses as vagrancy, assault and battery, forgery, swindling, and the like; extreme poverty; alcoholism; desertion by husband or wife; immorality; and so forth. The number of suicides is high in view of the fact that patients who might be suspected of suicidal tendencies are not paroled. So far as is known, there have been only 15 marriages among the discharged cases, and only 27 discharged patients have had children, including 3 who bore illegitimate children.

Of the discharged patients, 535—over half of the total number paroled—have lived continuously outside of an institution since their discharge, 28 have died, 188 have been readmitted to hospitals for mental disease, and 7 have been admitted to other institutions; the facts with regard to the other 40 were unascertained. Adding the 126 returns from parole to the 188 discharged patients who were readmitted to hospitals gives a total of 314 patients who were eventually returned to hospitals. This is nearly one-third of the total number paroled—a high proportion in the author's opinion. It raises in his mind the question whether patients are paroled too soon, before they are ready for it, or whether, on the other hand, they are kept too long in the hospital, so that they become institutionalized and unfit for contact with the outside world. This latter difficulty he thinks may be obviated by intensive occupational therapy.

THE IMMEDIATE PSYCHOLOGICAL EFFECTS OF TOBACCO SMOKING. By David June Carver. *The Journal of Comparative Psychology,* 2:279-302, August, 1922.

The study reported in this paper was made in the psychological laboratory of Johns Hopkins University during the year 1919-1920. The subjects were undergraduate students in the university with the addition of the author and one other member of the department staff. While it was impossible to maintain absolute control of the subjects outside of test hours, their conditions of living and working were ascertained to be fairly constant, and they were given specific instructions with regard to the regulation of their daily routine. On days when any unusual conditions of health or work had been experienced, testing was omitted.

Two procedures were adopted and used as checks upon each other. In the alternate-day procedure, the reactor was required on one day to smoke before taking the tests and on the next to take the tests without having smoked, and so on. In the before-and-after procedure, the test hour was divided into two work periods with an interval between; on one day the reactor smoked during the interval and on the next rested without smoking. The amount of smoking during each test was not very thoroughly standardized. Each reactor smoked either one cigar or three cigarettes of well-known brands; the cigars were smoked down to one-quarter or less and the cigarettes to stubs. It was felt that any very fine control of the tobacco used would be more or less meaningless, in view of the fact that smokers vary so widely in regard to time of holding smoke in the mouth and depth to which it is drawn in mouth, throat, and lungs.

Eight types of test were used: card sorting; two kinds of mathematical work (addition and multiplication); the operation of an adding machine in ordinary listing; an association reaction (opposites); dart throwing; the steadiness test; and billiard playing. The number of reactors used in each test varied from two to seventeen. Each of these tests is given in detail in the present paper. The author feels that the value of these tests lies principally in the fact that they raise problems and indicate possible directions and methods of research. He draws the following general conclusions from the results of the work:

1. The indications are that the immediate effect of smoking, both on habitual smokers and non-smokers, is a lowering of the accuracy of finely coördinated reactions, including association thought processes. Against this, in certain cases, must be set the possible decreased accuracy of the habitual smoker when he has been for some time deprived of his customary tobacco-combustion products, which might tend to prevent the appearance of the normal effects of smoking.

2. There is no indication that smoking affects the speed of complicated reactions, or that thoroughly mechanized reactions requiring no fine motor adjustments are affected. This would apply to the motor and thought processes of the man in an ordinary clerical position or to those of a chauffeur. It may be a different matter with men engaged in intellectual work.

3. If smoking has any effect upon speed of reaction and upon efficiency in routine activity, it cannot be detected by tests of the type used in this study, which are samples of the usual psychophysical tests. To complete the experiment, testing should be done with the type of test devised by Professor Dunlap for use in the Air Service in measuring the effects of asphyxiation; tests of this kind will reveal mental changes that the older forms of test fail to reveal.

4. Study of the immediate effects of tobacco smoking is only a small phase of the necessary research program. Investigation must also be made of the remote effects; of habituation to regular smoking; of the immediate and remote effects of deprivation; of the effects upon men as compared with women; and finally of the effects upon the learning process as compared with those upon habitual reaction.

5. Further research work must be more extensive in the numbers and types of reactors employed and more intensive in the amount of measurement of each individul reactor. Methods and technique must be much more refined.

6. Physiological changes—if any—due to smoking should be investigated and correlated with the mental changes.

7. For a thorough research, provision should be made for keeping reactors under control as regards diet, rest, mental and physical work, sex activity, and the like, for long periods of time.

The Clinical Activities of the Connecticut Society for Mental Hygiene. By William B. Terhune, M.D. *The American Journal of Psychiatry,* 2:273-84, October, 1922.

Dr. Terhune, who was formerly Medical Director of the Connecticut Society for Mental Hygiene, prefaces his account of the society's clinical activities by a short discussion of the value of these activities in relation to the other undertakings of the society. He feels that in every phase of its work, progress has been largely due to its clinical service. He finds it significant also that the financial condition of the society has improved coincidently with the increase in its clinical work.

The case records gathered for the files of the society through the clinical work are of considerable value as an indication of the nature and prevalence of mental disease in the community. The patients either came of their own accord or were referred from such varied sources as welfare and church organizations, factories and stores, general and state hospitals, orphanages, schools and colleges, police departments, penal and correctional institutions, city and state departments of public health and of public welfare, Red Cross chapters, and women's clubs. Up to September 1, 1921, 2,483 patients had been referred to the society, 1,609 of them during the two last years.

Three clinics are in operation at present—one in New Haven, one in Waterbury, and one in Stamford. The first is conducted two afternoons a week, the second one afternoon, and the third once a month from ten in the morning to three in the afternoon. All three are conducted by one psychiatrist. Every patient receives a physical as well as a mental examination. His environment also is carefully investigated by a psychiatric social worker, usually between the first and the second visit to the clinic. No diagnosis is made until all these examinations and investigations have been completed. When the diagnosis is made, the patient is either treated in the clinic, referred to the social-service department or to other organizations, sent to a hospital, or dismissed with the assurance that no mental disorder exists.

Such clinics offer splendid opportunities for special studies in the two rather neglected fields of incipient mental disorders and mental states arising during physical illness. The clinics of the Connecticut Society are carrying on several such studies, among the most interesting a study of unsuccessful attempts at suicide.

Dr. Terhune concludes with a number of case histories, to illustrate the nature of the society's clinical service.

BOOK REVIEWS

PSYCHOANALYSIS AND SOCIOLOGY. By Aurel Kolnai. Translated by Eden and Cedar Paul. New York: Harcourt, Brace, and Company, 1922. 185 p.

The effort to find correlations between the sciences of sociology and psychology has led not a few writers into highly interesting paths of conjecture which the psychologist is unable to recognize as useful contributions to social psychology; but we should not necessarily begrudge them the satisfaction they are afforded thereby. Westermarck claimed for the school of evolutionary sociology ''the right to psychologize'', and lesser scholars cannot be blamed for yielding to the temptation to psychoanalize society, since that is the easiest form of armchair psychologizing. The reviewer's chief charge in this matter is that the psychoanalyst does not furnish a key to the understanding of many social phenomena when he offers theories on borrowed ethnological material, any more than he does by his own often too cautiously chosen observations. This fault was shared by Flügel's *Psychoanalytic Study of the Family,* and is even truer of the present volume, which is a more superficial work; indeed, the title is quite too ambitious for it.

While admitting that psychoanalysis is still far from exercising an exhaustive or even an extensive influence in the domain of sociology, the author claims the intention of throwing light on the foundations of social development in general and upon political movements in particular. Having thus limited himself, he cannot be justly criticized for failing to take into consideration the numerous social institutions and forms of social behavior that occupy the major attention of sociologists.

Questions of the nature and limits of the parallelism between the individual and the social mind, the values of analogies between individual and social psychoses, he leaves to others' dissertation, but he does not hesitate to assume the truth of such premises in anticipation of future investigators' findings.

The first chapter explains the sense in which the author conceives that psychoanalysis can serve sociology—(1) by disclosing the reactions between the individual mind and the community, (2) by providing a method of securing for the individual better balance or adaptation to the environment, and (3) by establishing a higher rationality in the mutual relationships of individuals.

His chapter on the analysis of the mass mind is based upon the Durkheim mechanical social-solidarity theory. That the author should adopt this as best correlating with psychoanalytic doctrine without mention of contrasting theories excepting Spencer's is hardly fair to current sociological research. The Freudian view, too, is alone presented that the chief factor in the preservation of family relationships and homogeneity is the universal desire for incestuous sexual activity, with the socially imposed struggle against it and the resultant compromises. Even Westermarck's well known theoretic basis of exogamy is ignored in the discussion. In the references to researches in totem and taboo, Wundt finds no place, nor in fact is there any attempted survey of the long recognized problems of the group mind. Curiously scant space is devoted to the Freudian interpretation of myth and its analogy to dream wish fulfilment, or to fable, or to the comparison between religion and compulsion neuroses which surely demands more than mere allusion in any discussion of this school purporting to deal with the mechanism of collective ideas.

The connection between society and the father as the one who represents the first important inhibitions and commands, the gradually ensuing cleavage between them, the analogical conflicts with patriarchal dominion, and the consequent origin of repression and self-critical judment, are traced. Then follows a résumé of the development of neuroses through the exercise of parental discipline and the traditional regulation of sexuality.

Students of revolutionary and reform movements should by all means take into account analytical explanations of their motivation, but should ever be on guard against accepting enthusiastically *a priori* pronouncements for fact. The author acknowledges that psychoanalysis sponsors as normal many revolutionary doctrines in education, religion, and ethics, while it diagnoses as abnormal certain revolutionary trends in political thought. Yet several of its exponents testify to its being in spiritual touch with liberal socialism.

The second part of the volume is devoted to a psychoanalysis of the "social psychoses", anarchism, communism, and Bolshevism. The prototype of all revolt is rebellion against the father (society's coercion) and the correlate of slaying the father is incest with the mother. But individualist anarchism holds the idea of complete emancipation from outside control, hence cannot satisfy the great aim of regression, and is therefore a philosophical absurdity. Bomb throwing is the act of parricide, perpetrated by individuals and not by social coöperation. Communist anarchism, however, does not aim at the abolition of all external influence, for its ideal is brotherhood, an unsatisfying erotic compensation for incest gratification, leading to the necessity for making concessions to the despotic principle.

Anarchistic communism, on the other hand, is inclined to make extensive use of the coercive powers of the state, and is more scientifically in accord with the facts of paternal authority; for this reason the regressive element is less extreme. Yet it is, after all, only a compromise between the father principle and the mother principle, bearing the same relationship to anarchism as paranoia to dementia praecox.

The proletariat as a class is no longer agricultural, and having become separated from the soil, yearns to return to it, the mother, and unite itself to a huge family community. This is the essence of infantile El Dorado fantasy, the very climax of conflict with reality. Particularly incompatible is this aim, the author avers, with communism's dream of hypertechnical progress in industry.

In Marxism and Leninism he sees paranoid symptoms, egoistic and persecution trends, withdrawal of inhibitions, less sharply defined than in anarchism. Kolnai formulates an axiom: the more extensive the regression toward the ideal of an embryonic condition of undeveloped organization, the less successful will the philosophy prove.

All this bears on its surface a certain apparent logical consistency, but, throughout, the treatment is exasperatingly confused by the author's constant shift in meaning of terms, variations in terminology for the same thing, bi-polarity of conclusions, and loose generalizations. To quote a few of his very sage remarks: ''Quite a number of anarchists are dogmatic vegeterians and teetotalers.'' ''Young people of the anarchist-communist persuasion like to dress simply and yet conspicuously; they wear gray jerseys; the young men have long hair and the young women very short hair. These manifestations lead us to infer the existence, in part of narcissism and in part of bisexuality.'' Would not the author be perturbed at sight of the youth of our colleges, country clubs, and summer camps?

Recent articles undertaking to psychoanalyze radicalism[1] (Stewart Paton's *Psychology of the Radical*[1] and A. B. Wolfe's *Motivation of Radicalism*[2]) have assumed, and probably fallaciously, that all radicals are for some reason inferior and unable to compete successfully or are victims of prejudice and legal inequality. Granting that thwarted ambitions, resentments, and personal grievances against society are the germs from which these movements spring, Kolnai contends that they are fundamentally ultrareactionary! To prove this, a few notorious avowed representatives of these unorthodox groups—convicted criminals and pathological literary celebrities, prohibition advocates, and reformers—are selected for scrutiny.

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[1] *Yale Review*, October, 1921, Vol. 11, pp. 89–101.

[2] *Psychological Review*, July, 1921, Vol. 28, pp. 280–300.

We owe the development of psychoanalysis, says the author, to those who "were satiated with phrase-making concerning the nervous system" (page 11), and yet where can psychoanalytic discourse be found more packed with the technical jargon and highly esoteric language of the tribe than in this small book? It is doubtful if the average reader of this journal, whom we presume to have no slight acquaintance with psychoanalytic literature, will be able to penetrate through the words to the thought on first perusal, though he have no need to consult the glossary for specific help.

Miriam C. Gould

Vassar College.

Judging Human Character. By H. L. Hollingworth. New York: D. Appleton and Company, 1922. 263 p.

The title of this book may prove misleading to some, owing to the popular tendency to think of a man's character as something quite distinct from his intelligence. As the term is here used, character means essentially "the characteristic modes of behavior, the characteristic attitudes, reactions, and capacities", which of course depend as much on the intelligence of the individual as they do on his instinctive or emotional tendencies. And since character is not some hidden substance or mysterious spiritual essence, but a man's actual behavior when all of his conduct is considered, it follows that prolonged acquaintance gives as direct a perception of character as it does of the qualities of foods and climates or the properties of physical objects.

"Judgment of character, as distinguished from its perception, is a more indirect process, in which, from a momentary observation or cross section of the life of another, we attempt to estimate its general quality and tenor. Judgment in this sense is diagnosis. It relies on symptoms, signs, clues, and incomplete evidence. It is an inference from the quality of a detail to the quality of the larger whole."

The author has given a good deal of attention to the problems of vocational psychology, and it is chiefly from the standpoint of the worker in this field that his book is written. The various methods used by employers in arriving at an opinion in regard to the qualifications of those seeking employment are considered at length. Investigations have been made to determine the value of judgments based on the letter of application, the photograph that the applicant is frequently required to send with his letter, the personal interview, and the recommendations obtained from those who are acquainted with the applicant. The results of such investigations go to show that judgments arrived at by these traditional methods are apt to be very haphazard and unreliable. The author discusses how and why such methods fail and what can be done to improve them. The use of formal psychological tests, as might be expected, is also considered at length. No detailed description is given of any of these tests; the author merely undertakes to give the reader an understanding of the functions that such tests are meant to serve, the extent to which they have so far proved of value, and the principles involved in their construction and practical application.

The problem of judging human character is undoubtedly one that warrants the wide attention it is receiving at the present time. If we are to give the individual child the training he requires, we must first have some knowledge of his needs and possibilities. If we are to place a man in work suited to his abilities, we must first have some way of judging what these abilities are. In the present volume, Professor Hollingworth has undertaken to tell something about the work the psychologist is doing in an attempt to solve this problem and the degree to which, thus far, his efforts have been meeting with success. The book is written in a clear and simple style and should prove interesting not merely to psychologists and psychiatrists, but to teachers, employers of labor, and all who may be interested in the problem of so training and placing the individuals who make up our social structure that each will attain in that structure to his highest possible level of usefulness and personal satisfaction.

Milton A. Harrington.

New York City.

The Foundations of Personality. By Abraham Myerson, M.D. Boston: Little, Brown, and Company, 1921. 406 p.

Dr. Myerson's sizable book falls just short of being fully satisfactory, and this is a great deal to say about a discussion of the foundations of personality. The author has done much to supply information with a psychiatric coloring to laymen; to interest the reader in a genially discursive way in the various facets of human character, which he describes with soundness and with wisdom—and in a very personal manner.

A synopsis will show how much ground the book covers. After discussion of the organic and environmental bases of character, there are descriptions of the various aspects of mental life, from memory to wishes; an account of the development of character under the headings of purpose, sex, work and play, religion; and finally descriptions of some character types taken from life.

Now this is indeed covering ground, and the general statements of the preceding paragraph deserve explanation in some detail. "Mind and character" "are functions of the entire organism", and the author takes time (and exclamation points) to discuss the wonders of the internal secretions as they manage the entire organism. Always worth attention are his comments on fatigue, alcohol, illness, and the effect of matter over mind—especially in children. But character is also founded upon the "social heredity" and influenced by the group that insists to the death that the new born shall accept their own habits and beliefs. Then follows a consideration of efforts to win the praise of the "gang" or of God, to obey the conventions which may balk other fundamental desires. This leads to a definition of conscience as the reaction to a near or distant tribunal, as "a medley of motives, purposes, and teachings, varying from grotesque and mischief working to the sublime and splendid". As in so many expressions of opinions, we are told that we can solve problems while we sleep, as if it were not possible that the problem was solved, in the morning, by our being fresh and able to go about it in the right way. For some pages the book approximates a textbook of psychology, with interesting digressions and admitted assumptions. It pays its respects to Freud and "the Pollyanna tribe".

In the building of character, Dr. Myerson regards as important a camouflaged desire for power and a wish to be conventional—the latter found most among "Bohemians". Chapters on work and sex illustrate the effect of these strivings and their complications. Later disharmonies in character are classified.

The book ends with character studies in which a psychiatrist competes with or supplements novelists and the writers of those keen little character sketches that appear so often in our magazines.

EARL D. BOND.

Pennsylvania Hospital.

BISEXUAL LOVE; THE HOMOSEXUAL NEUROSIS. By William Stekel, M.D. Authorized translation by James S. Van Teslaar, M.D. Boston: Richard G. Badger, 1922. 359 p.

Stekel's particular contribution to the literature on sex is a development to its logical conclusions of the theory proposed first by Kiernan, and later by Chevalier, Lombroso, and Binet, and finally by Freud, that each and every person is inherently bisexual. "There is no inborn homosexuality, and no inborn heterosexuality. There is only bisexuality. All monosexuality is other than normal and natural." Stekel goes further and says: "Monosexuality already involves a predisposition to neurosis, in many cases stands for the neurosis proper.'' It is this relationship between monosexuality and neurosis that Stekel discusses most fully in support of his rather new theory. The homosexual he finds invariably neurotic.

There are to him two particular reasons for the development of this neurosis. First, he maintains that there is in the individual who does not develop along the usual lines in sex an inborn increased sex instinct. Like Lombroso, he feels that the homosexual is one who primarily is a recessive type, with precocious and powerful sex instincts. What is inborn is not the homosexuality or the heterosexuality, but the bisexuality in an intensified form. Each individual has before him the possibility of developing an interest in either sex or both sexes or neither sex. Those with an excess of sex instinct are more likely to develop in other than the normal way, the determining factor fundamentally being the necessity for the inhibition of a part of the unusual amount of sex interest. Up to puberty there is likely to be an undifferentiated period, when nothing unusual is observable except an undue interest in all aspects of sex.

A second factor is necessary, however, before the direction of the sex interest is determined. This comprises all the varieties of experience that the individual undergoes. Early in life the sex instinct meets the necessity for inhibition, often earlier than usual in those with uncommonly strong sex instincts. There are the same possibilities for them as for others, except that adjustment is more urgently needed. They may either act on their impulses, or learn to sublimate them or to repress either or both components of their bisexual nature. To the extent that they become monosexual or ascetic through repression, they become neurotic. This accounts to him for the fact that all homosexuals, and probably many heterosexuals and ascetics, become neurotic, the tendency being in exact proportion to the repression. While the excess of sex instinct is recessive, the type of repression is determined on purely psychic experience. This would place in the same class with the homosexual the heterosexual and the ascetic who are neurotic in that they have repressed rather than sublimated part of their bisexual nature.

Those who are not neurotic are those who succeed in sublimating instead of repressing. The normal individual, leading a normal life, acts upon his heterosexuality and sublimates his homosexuality. The monosexual, and often also the ascetic and the heterosexual, are neurotic in that they possess unusually strong sex instincts which have not been properly handled. Thus, although the foundation for homosexuality would be constitutional, its actual occurrence would not be due to any one cause, but to one or more of many. Furthermore, its actual occurrence would not be inevitable if circumstances and training could be such as to favor its sublimation rather than its repression. Finally, in spite of its actual occurrence, its continuation would not be inevitable in view of the results of psychoanalysis in uncovering the repressions and redirecting the sex instinct. ''The proper therapic course would be to remove the inhibitions which stand between man and woman, to make him *de facto* again bisexual, and heterosexual for all practical purposes.''

''Since no person completely overcomes his homosexual tendencies, every one carries within himself the predisposition to neurosis. The stronger the repression, the stronger is also the neurotic reaction which may be powerful enough in its extreme form to lead to paranoia (Freud's theory of paranoia). Homosexuality comes to the forefront if heterosexuality happens to be the component repressed. If, on the other hand, a homosexual, instead of repressing his heterosexuality, completely sublimates it, he appears as normal in his psychic life as the normal heterosexual. Both still have, however, a latent disposition to neurosis, unless sublimation is maintained continuously. Friendship, nationalism, social endeavor, group activities, form satisfactory types of sublimation which the normal heterosexual adopts often without guidance or difficulty. There may be in the individual who has much homosexual craving to repress a degree of repression that renders him neurotic and a degree of sublimation that amounts to an overcompensation, so that the neurotic may at the same time advance beyond his generation and become a creator of the future.''

Stekel believes that the process of sublimation is more difficult for the normal homosexual. ''That is why this type is extremely rare, and why a thorough analysis always discloses typical neurotic reactions.'' This is Dr. Stekel's main contention—that the individual who has disgust or hatred or scorn for the opposite sex proves his affectively determined negative attitude. ''A normal homosexual—if there be such a type—would be indifferent towards women'', and not a neurotic.

Stekel's definition of a neurotic is interesting: ''I call a neurotic the person who has not successfully overcome the asocial cravings which he perceives to be unethical. Asocial cravings are all instincts which society rejects as conflicting with its cultural demands.'' Greenwich Village philosophers, the world over, would question his use of the word ''unethical'' and the reference to ''society's cultural demands''. Stekel's conception of society is not at all that of a devouring beast bent on crushing out every spark of individual freedom, but is more that of a kind and wise mother determined merely to permit all of her children the amount of freedom that will bring the greatest good to all. The exercise of the sex function according to instinct he does not consider an individual right, to be accorded the individual at all costs to the group as a whole. ''The laws are a protection of society against the instinctive cravings of its members.'' This is interesting from the pen of one who is describing the neuroses that result from repression. ''The neurosis is the result of the struggle between instinct and inhibition.'' Yet he does not, as do some of the unworthy followers of Freud, advocate removing the inhibition in order to get rid of the neurosis. Three paths are open, as he shows. Acting on the instincts without inhibition makes the criminal, according to society's standards. ''Society tolerates but a portion of the instincts to a certain extent . . . all others it outlaws as asocial.'' ''This is the meaning of the struggle of the centuries between brain and cord.'' Most people take a second path—that of partial sublimation and partial repression, making most people somewhat neurotic. The path of most difficulty, but best results is of course that of sublimation of all asocial cravings, and acting only on those that society accredits. The one who has the strongest sex instincts and to that degree ''represents a conquered stage of civilization'' by their sublimation grows to represent the future stage of civilization.

Stekel finds the consciously homosexual only about 2 per cent of the population, and he considers all the rest, 98 per cent, latently so. The conception of latent homosexuality has been greatly enlarged by psychoanalysis, although it was recognized before. The reason for its remaining latent is that the social necessity for its repression is very great. ''No other component of sexual instinct undergoes repression to such an extent or shifts so far from the sphere of ordinary consciousness. Possibly a great deal of the opposition to the new psychology has its roots in this very peculiarity of human nature. Their basic bisexual disposition is precisely what men are least disposed to recognize.'' Their sexuality of any variety, we might add! ''The normal is everything that is natural, and from the standpoint of nature we are never monosexual and always bisexual.''

The behavior of the neurotic who is repressing homosexual trends is discussed in much detail by Stekel. Whatever his behavior, it is founded on certain fundamental principles. The first of these is that the sexual instinct is independent of its object—that it is aroused independently of an object, and that the object changes from time to time and under varying circumstances. The second principle is that every individual tends to sum up all his instinctive cravings in one image. ''Man's unattainable ideal is the whole instinct.'' A third principle is the differentiation between a psychic sexual craving which Stekel calls erotism, and a physical one which he calls simply sexuality. An undüe sexuality may be of either of these kinds. And there may be repression of either or both varieties of emotion, or even sublimation of either or both. A fourth principle is that circumstances and family influences, as they tend to inflict psychic trauma, tend to direct the current of sex instinct. A fifth is the early development of motives that act with quite the power of the conditioned reflex—the biological "wish" conditioned by circumstance and experience.

There are various masks for latent homosexuality and various compromises that enable the individual to readjust his longings and needs to circumstances. Sometimes they are quite within the scope of society's demands, sometimes not. It may be sufficient to fall in love with an atypical member of the opposite sex. Stekel believes that most homosexuals are atypical in appearance. Bloch and Bluehner find many homosexuals among pure sexual types, however. Sometimes the homosexual is satisfied in having for the object of his love the less differentiated types of the opposite sex, represented by the aged or the very young. The compromises and substitutions become more masked when they include onanism and various paraphilia. Not uncommonly they are entirely masked in phobias and compulsions that bear no apparent relation to sex. Many social difficulties, such as an inability to get on with employees or servants or even acquaintances of the same sex, are due to masked homosexuality. Stekel refers to "the uneasiness which persons manifest when they try to cover an erotic attitude". The man who can fall in love with no woman but the wife or sister of his best friend may be transposing his homosexual longings for his friend. The fear of infection, Stekel shows, is often a mask for homosexual craving, especially the fear of syphilis.

"In order to acquire psychological insight into every case, it is necessary to answer the question: what does the homosexual aim to accomplish with his actions?" The answer is often found in the attitudes developed early in life in the family circle. Statistics show a varying attitude toward the members of the family. It was thought earlier that the repression of the mother imago, which every woman is alleged to reproduce, was the sole cause of homosexuality. Now Stekel and others hold that it may be due to other inhibitions, and that these inhibitions may change from time to time or even disappear. When the attachment to the mother is present, it is undoubtedly the cause, but it is not always present. Stekel has found that if the father is the strong parent, there may develop a sort of competitive struggle between father and son, a mixture of admiration and antagonism that may start a conflict between sexuality and erotism. The son may become an active homosexual, identifying himself with the male ideal. If the father is strong and dominates the mother, there may be aroused an ''ethical will'' which makes the boy say: ''I would not rule and be like my father: I would rather be like my mother.'' He may in this case become homosexual and passive, if at the same time he loves his tyrannical father. If the mother is stronger, the wish to be a woman, whom he considers the dominant factor, may influence him, or, in similar circumstances, he may evolve a ''male protest'' to flee from woman when she clashes with the male will to power. Undoubtedly these types of reaction may not involve merely the family, but early close associations of other kinds. Sometimes the love for the mother absorbs all love for the female sex. The passive homosexual identifies himself either with the mother or her polar obverse, the prostitute. An interesting development resulting from the mother complex is a type of heterosexuality that involves merely the prostitute, giving total absence of libido with respectable women, who are included in the inhibitions that surround the mother.

How may the homosexual be cured? Not many wish to be cured, for they have usually reached the safe haven after much conflict, and feel, when they have reached it, that they are normal. Their anxieties they attribute to society's attitude toward their habits. They are often aided in establishing homosexuality by mistaken parents, who observe the leaning and foster it, thinking they are making the path easier for the child. Yet since they are essentially neurotic, a cure should be attempted. Stekel says: ''Homosexuality does resemble ankylosis. The free operation of sexuality appears to be restricted; a single point is fixed and every movement takes place thereafter only within the range of that point of fixation. Is it possible for psychoanalysis to loosen up such psychic ankylosis and to free once more the bound-down energies?'' Repeated instances are given by Stekel, and they may be duplicated in the works of other writers, to show that when grossly homosexual interests are thwarted, ideal interests come strongly to the fore. An endeavor to make the homosexual heterosexual by repression merely changes one neurosis for another. The endeavor to turn him bisexual meets the course of social development—heterosexual in act and homosexual on a sublimated level. This is accomplished naturally by the individual who has a good balance between instinct and inhibition, and in whom early experiences are favorable. But in those who are overwhelmed by intense instincts and tossed about by experience, only painstaking analysis will suffice.

Dr. Stekel's book is interesting and valuable in that he shows more clearly than usual that all love has its foundation in an essentially bisexual nature, and that all unusual manifestations of the love interest may be directed early, or redirected later, into a sort of bisexual love that meets the requirements of civilization.

Florence Meredith.

Woman's Medical College of Pennsylvania.

Heredity and Child Culture. By Henry Dwight Chapin, M.D. New York: E. P. Dutton and Company, 1922. 219 p.

Dr. Chapin has written a book of faith—of faith in child culture. Nor is it blind faith. From his many years of experience, Dr. Chapin has developed a seeing faith. Aware of the many difficulties, he is also aware of the many possibilities of raising life from its own minimum to its own maximum level, given any sort of heredity. Because heredity is fixed, he does not find this a reason for idly lamenting its limitations.

In view of present biological knowledge, the attitude of many seems to be: Do the best you can, but do not hope for much. Dr. Chapin's attitude seems to be: Do the best you can and hope for a great deal.

In a book of this size, most subjects must be dealt with lightly. Yet no important aspect of child culture has been omitted, from the prenatal time on. Dr. Chapin's views are essentially those that are coming to be held to-day. He includes a discussion of education and of other aspects of mental and moral culture, and of the social development of the child, as well as more distinctly physical points.

Particularly interesting is his discussion of the Speedwell System for the care of dependent children. Dr. Chapin emphasizes the fact that even the best institutional care of children is not as good as even an average home. "The little child craves love." "The bad results [of care in infant asylums] are not due to lack of kindness or attention, but to the fact that the whole system is wrong." He draws attention to comparative mortality rates of those cared for in homes and in institutions, and concludes that the carefully selected foster home offers the best chance for the dependent infant. This discussion is followed by an excellent chapter on the adoption of children.

To those who know Dr. Chapin's own personal and professional career, the practical way in which he has carried out his theories, and the success that has attended his work, this book will be welcome as a summary of his working plan. To all upon whom the privilege of child culture falls, it ought to be suggestive and stimulating.

Florence Meredith.

Woman's Medical College of Pennsylvania.

MENTAL CAUSES OF ACCIDENTS. By Boyd Fisher. Boston: Houghton Mifflin Company, 1922. 315 p.

Fisher's book constitutes an attempt to study and analyze the psychological factors that tend to produce industrial accidents.

The opening chapter groups the major causes of accidental injuries under the following five headings: ignorance, predispositions, inattention, preoccupation, and depression. Their explanation could have been more definite, and one is left somewhat confused by the intrusion of material that is only distantly related to the subject matter. For instance, the somewhat superficial discussion of the function of the adrenal glands serves to detract from the clearness and sequence of the presentation.

The second chapter, entitled *The Puzzled Mind,* concerns ignorance as a producer of industrial accidents and explains some of the obvious factors that give rise to stupidity. Lack of knowledge of the English language and mental deficiency are principally emphasized.

The section entitled *The Misguided Mind* is a plea for the use of more refined methods of examination of the special senses. The reaction time should always be noted. More attention should be given to the testing of touch, pain, heat, cold, pressure, muscle-joint, and position sense. The advice to investigate the function of the semicircular canals of those who work in high places is worth while, but the implied recommendation that an attempt be made to attune the individual worker's sense of rhythm with that of the machine at which he works seems to partake of the theoretical and impractical.

Under the title *The Stubborn Mind* are included the workman who is too prone to take chances, the one whose mind is in the grip of resentful inertia, the fatalist, the chronic ''kicker'', the radical, and so forth. These mental attitudes are viewed as outlets for thwarted emotions, and it is suggested that helpful alternative avenues of egress be substituted for the troublesome ones.

The next two chapters seek to separate any given piece of work into component phases. A certain portion of it should be automatically performed through repetition or habit; a sceond subdivision should call for slight, but immediate variations; and, finally, the job should possess a ''value'' or interest element. It is somewhat doubtful if the type of workman who can be taught more or less absolute automaticity is often capable of reaching the æsthetic considerations involved in an intellectual and emotional evaluation of his product. Conversely, the superior employee is not apt to remain long in a position where mere automatic repetitive movements are essential. Rewards for increased output, competition, rest periods, and recreation are advanced as means of heightening the ''value'' phase of labor.

Chapters eight and nine dwell respectively on the evil effects of emotional crises, including mental abnormalities and physical disease, on the accident curve. The usual suggestions as to the value of hygienic surroundings are made. The author feels that actual fatigue dependent on severe physical exertion is rare and that reduced output is not a satisfactory measure of fatigue. He points out that dissatisfaction or boredom may produce an apparent fatigue state which is, therefore, often due not to unusual effort, but to a failure to use up available energy.

In the tenth chapter, headed *Accident Hygiene,* there is an ambitious plan to formulate a system of accident prophylaxis. Eight types of remedies are listed: (1) job analysis, (2) improved working conditions, (3) better selection and assignment, (4) training, (5) organization, (6) periodic personal surveys, (7) individual adjustment, and (8) accident ''post-mortems''. Some of these are impractical. The scheme for the ''post-mortem'' consideration of an accident is excellent.

The final chapter contains suggestions for psychological reference reading.

Although *Mental Causes of Accidents* contains some information that has a useful application to the study of industrial risks, yet the subject could have been presented in a clearer and more concise manner. Furthermore, it is scarcely possible to pigeonhole psychological causes of accidents as the author has attempted to do. It is very likely that we are dealing with total reactions rather than restricted ones. No doubt, Fisher had this in mind, but unfortunately the manner of presentation does not sufficiently emphasize this broader conception. The study would have gained in value if there had been a better understanding of clinical psychiatry.

EDWARD A. STRECKER.

Pennsylvania Hospital.

HUMAN EFFICIENCY AND LEVELS OF INTELLIGENCE. By Henry H. Goddard. Princeton: Princeton University Press, 1920. 128 p.

Dr. Goddard's thesis is that ''the chief determiner of human conduct is a unitary mental process which we call intelligence'' and that human efficiency, as measured by social adaptation, is dependent principally upon this factor. In support of his belief, Dr. Goddard cites data obtained by the use of intelligence tests, with especial emphasis on some of the earlier army statistics. His argument would have been strengthened had not his book been published before continuation of the work of compilation, which later included among the army material a correlation of intelligence levels and occupations. In these more recent statistics we find much valuable information, but although suggestive for practical application, even it does not incline us to a whole-hearted acceptance of this author's position.

Dr. Goddard makes the common error of overrating the intellectual and underrating the emotional and instinctive mechanisms. There are one or two paragraphs in his book that rouse in us the hope that he is about to give us a sane evaluation of these different factors, but we are disappointed. After admitting that the emotional make-up of the individual bears some relation to his efficiency, Dr. Goddard adds:

"While all this is profoundly true, it must not be overlooked that the level of intelligence to a large degree determines the extent to which the individual either controls these tendencies of his emotional life or fails to control them . . . while . . . we may not say that one's efficiency is entirely proportional to his mental level, we can at least feel safe in declaring that a low mental level will exercise little or no control over the emotional life and therefore the instincts and emotions which would tend to inefficiency will have full force instead of being modified and controlled as they are by higher intelligence."

To those who have worked with school children or with vocationally maladjusted individuals, studying each case from the viewpoint of personality make-up and emotional characteristics as well as by the use of mental tests for the determination of intelligence levels, this thesis is manifestly erroneous. Dr. Fernald has shown that the ability of the individual to adapt himself to the community life depends quite as much upon the habit formation and conditioned emotional responses of the individual as upon his intelligence level (unless his deficiency be of so low a grade as to render him inadequate to care for himself). He tells of many cases in which individuals with a mental age as low as seven, eight, and nine years are satisfactorily earning a living outside of institutions and are well behaved members of the community. Vocational-guidance researches point more and more to the conclusion that in many individuals who rank as superior in intelligence by the army tests or the Stanford-Binet, minor emotional disturbances or conflicts are sufficient to mar efficiency and produce as marked maladjustments as would innate mental defect. While it is true that many delinquents are mentally deficient, still more are mentally unbalanced in emotional ways. We need only recall the well-known figures of Glueck in respect to the prisoners at Sing Sing, where of 608 studied, 28.1 per cent were found to be defective as against 12 per cent who were frankly insane and 18.9 per cent who were psychopathic. These figures would indicate that emotional imbalance was at least as frequent a concomitant with criminal tendencies as mental defect. Nowhere have we evidence in harmony with Dr. Goddard's statement, quoted above, that intelligence is capable of controlling the emotional life, for emotional instability is found in connection with all degrees of intellectual capacity.

It must not be supposed that Dr. Goddard is ignorant of such facts as these. He mentions emotional conflicts and mental disorders in the course of his discussion of delinquency, just as he mentions instances of mental defectives paroled from Vineland and making a satisfactory economic and social adjustment. The point is that he fails to appreciate the full significance of these and other similar facts, and does not realize that they inevitably invalidate the thesis that he seeks to maintain. One feels that his point of view is colored by long absorption in researches that dealt primarily with problems centering in mental deficiency, and that he has a tendency to neglect the vast field of instincts and emotions which so many other psychologists have stressed and which are undoubtedly powerful factors in determining human efficiency.

PHYLLIS BLANCHARD.

Mental Hygiene Clinic, Monmouth County (New Jersey) Organization for Social Service.

BIOLOGY OF SEX FOR PARENTS AND TEACHERS. By T. W. Galloway, Ph.D. New York: D. C. Heath and Company, 1922. 149 p.

Dr. Galloway, formerly Professor of Zoology at Beloit College, is now associated with the American Social Hygiene Association. This book is a revised edition of one published for parents and teachers in 1913 as a text on sex education. It fulfills its function completely and satisfactorily. The general principles of the problem are well presented. Details as to the time and manner in which sex instruction should be given are clearly set forth. Dr. Galloway sees in sex education something more than a few fundamental facts and warnings to be handed out to children at definite times or ages. It is to him a part of general education, to be begun during the first few years of life and continued until late adolescence.

He rightly emphasizes as a prerequisite for the teacher that his own sex house be set in order, to free him from the unwholesome early conditioning of the topic which has been almost universal. To aid those who wish to employ a technical method of approach, there is included an embryological discussion of reproduction and development, with easily understood drawings.

The work is essentially for the more educated classes. Simple-minded parents might be appalled by the subtleties here facing them.

A simplified manual would be useful. The book should be read and unhesitatingly recommended by the medical profession.

MARTIN W. PECK.

Boston Psychopathic Hospital.

THE LAWS OF SEX. By Edith Houghton Hooker. Boston: Richard G. Badger, 1921. 373 p.

This volume is a comprehensive treatise on the subject of sex, dealing with all its phases, biological and philosophical, historical, medical, legal, and moral. Through these general avenues of approach is reached the main purpose of the work, which is to present a constructive program for the solution of that baffling triad of problems, immorality, prostitution, and venereal disease.

The book is well written and has high literary merit throughout. Physical sexuality is discussed as a fundamental human component, and by the very quality of its treatment is lifted from the plane of indecency, coarseness, and taboo to one on which it merges harmoniously with the finer human relationships. It is books of this sort that help the lay mind to grasp the personal significance and dignity of the sexual instincts. In spite of the most frank and detailed handling of the material, there is nothing in the book to stimulate the prurient or offend the sensitive.

When the author discusses the social aspects of sex, the unbiased attitude of the scientist has to contend at times with the burning zeal of the reformer and the uncompromising stand of the champion of women. She decries a double standard of morality without qualification or reservation. Modern methods, official or otherwise, for the regulation of prostitution she finds wholly unsatisfactory. Compulsory examination and detention of diseased prostitutes she feels is worse than useless. Prophylactic treatment as carried out in army and navy she believes is of little value and fundamentally wrong on moral grounds. She is rather severe on the medical profession for their inadequacy in the face of these problems. On the whole she has little patience with any of the ''man made'' attempts to deal with them, and points out inconsistencies, fallacies, and injustices that in truth leave little chance for rebuttal.

The solutions that she advocates are perhaps sounder in logic than in practical application. Venereal disease as a public-health problem should be handled like any other communicable disease, with official reporting and quarantine. Rigid enforcement of antifornication laws should be carried out, with severe penalties against both sexes. Women officers should be used in this enforcement if men prove inefficient on account of their too liberal views on sex offenses. To give money to a prostitute should be a misdemeanor equally punishable with prostitution itself. Marriage should be made more difficult, divorce in certain cases easier, and birth control given sanction. Thorough and detailed sex education in early childhood is advocated. The main reliance for the future is placed on the hope of change in standards of chastity among men. "Before the end of another century it may be predicted that prostitution will appear as grotesque and impossible a relation between the sexes as the earlier customs of marriage by capture or marriage by purchase now seem to civilized human beings."

Space precludes any really critical review of this book. It is on the whole an able and valuable contribution to the literature of sex. It will do much to stimulate intelligent interest and activity and at the same time produce a healthy unrest in the overcomplacent. If there are faults, they are amiable ones: on the one hand, the impassioned voice of a courageous, far-seeing woman eloquently portraying the social injustice suffered by her sex; on the other hand, an over-optimistic idealism as to the possibilities of human progress.

MARTIN W. PECK.

Boston Psychopathic Hospital.

DIRECTION OF HUMAN EVOLUTION. By Edwin Grant Conklin. New York: Charles Scribner's Sons, 1921. 247 p.

The biologists are beginning to leave their place as scientists to take on the rôle of prophets. Professor Holmes' book *The Trend of the Race* was, however, far less divergent from the mere facts of biology than is Professor Conklin's impressive book *The Direction of Human Evolution.* Holmes deals with heredity, germ plasm, body plasm, birth rates, and the like, and remains very close to the confines of biology or its branches, medicine and anthropology, but Conklin sets sail into sociology, politics, religion, and especially attempts to apply biological criteria to such expeditions of the human spirit as are manifested in democracy.

Accepting the truth of organic evolution as established, the author lays down certain truths—that evolution is not new formation, but transformation (but he practically nullifies the value, though not the truth, of this statement by saying that new combinations give rise to new qualities), that evolution concerns itself with germ plasm—and discusses in brief, but authoritative fashion, the rôle of environment in evolution, the rôle of social inheritance. As a result of evolution, certain paths of progress have resulted: (1) increasing bodily complexity, (2) increasing intelligence—and increasing social organization.

He then discusses Man, the one creature whom biologists (excluding anthropologists and physicians) know *least*. After briefly tracing racial types, he states that "in the long run supremacy will pass in every community, nation, or race to the more capable, the more ethical, rather than the best livers". Nevertheless, he views with alarm the almost certain disappearance of racial boundaries that transportation and the like are sure to bring. Convinced as he is that such mixtures as produced the Anglo-Saxon and the like were good, he is quite skeptical about the value of the crossing of more divergent stocks. His apprehensions would undoubtedly be shared from a different angle by yellow and black biologists.

He is convinced that man's physical evolution has almost reached its limit and also that mental evolution in a forward direction has ceased; in fact he gloomily states: "Increasing size of brain and complexity of nervous organization lead to mental and physical instability and disharmony, and the great increase in nervous and mental diseases in modern life warns us that there is a limit to intellectual evolution." But to social evolution there is no limit, and the biologist, viewing the huge experiments that societies are constantly trying on themselves, is frankly apprehensive. Dealing briefly, but pertinently, with democracy, ethics, religion, and such matters from the standpoint of evolution, he justifies democracy while admitting its defects and dangers, and while proclaiming the right of science to question all ethical and religious validities, he comes to very amiable agreement with the professors of ethics and religion.

To the reviewer a useful book, but not at all an original one or, despite its title and its distinguished author, a very profound one. We may grant the right of biology to embrace the whole field of man's life and yet, in view of the experience and training of biologists, question their conclusions in the complex matters of sociology, psychiatry, ethics, and the like. Forecasts of the direction of human evolution are interesting, but a new bit of science evolved by a biologist playing with germ plasms, or a release of power affected by some physicist yet to be born, may make waste paper of all such forecasts.

A. Myerson.

Tufts Medical College.

Insanity and Mental Deficiency in Relation to Legal Responsibility; A Study in Psychological Jurisprudence. By William G. H. Cook, LL.D. London: George Routledge and Sons, Limited; New York: E. P. Dutton and Company, 1921. 192 p.

This is an unusually able book on a subject little discussed. Much that has been written in forensic psychiatry has been on the question of *criminal* responsibility; little has been written on *civil* responsibility, the subject of this book. The author has studied with evident care such decisions as have been made in the British courts (and to some extent elsewhere) on the status of ''mental deficiency'' in relation to Tort and to Contracts as of Agency, of Insurance, of Partnership. There are, also, chapters on Marriage, Divorce, Testamentary Capacity and Evidence of Insanity, an appendix summarizing the chief powers and duties of lunacy and mental-deficiency authorities in England, and one containing suggestions for the reform of lunacy and mental-deficiency administration. Although in his title the author uses both the terms ''insanity'' and ''mental deficiency'', the terms in the text would seem to be used more or less synonymously, which, in view of the usage that has grown up about the term ''mental deficiency'', is a bit confusing.

The book is rich in the citation of case material, and will be found valuable as a book of reference. To the American attorney or psychiatrist, however, its usefulness will be limited because of the unfamiliar terms used. English psychiatry has largely followed the Maudsley classification of mental diseases, while in the United States Kraepelin has been followed. Then, too, there is a growing tendency in this country to get away from too formal classification of any kind, in the belief that what good comes of it has largely been obtained and that more will be accomplished by trying to ''understand'' a patient than by merely attempting to ''classify'' him. The classification still taught, however, is largely the Kraepelinian. Cook, following the English terminology, uses diagnostic terms that have not been heard in a psychiatric clinic in this country for many years; the younger psychiatrist will have little knowledge of what they mean except as he can gather it from the context; the lawyer will be entirely lost. This difficulty places a distinct limit to the use of the book in the United States, although it in no way detracts from the fundamental value of the research Cook has made and the material he has brought together. His scholarly discussion of the material, in which he points out the difficulties and confusion that arise from the varying points of view, the discrepancies between decisions, the lack of logic in some instances and the blind following of logic to the point of absurdity in others, and the like, should help to bring a more orderly method into this important department of jurisprudence.

The book contains an excellent topical index, an index to cases, and a table of the statutes cited.

FRANKWOOD E. WILLIAMS.

The National Committee for Mental Hygiene.

The Stages of Human Life. By J. Lionel Taylor, M.R.C.S. New York: E. P. Dutton and Company, 1921. 377 p.

Aside from the books that appear now and then, ''Published by the Author'', from the printing plants of small newspapers or job-printing houses, this is the oddest book one will find in a long time. It merits a few lines of review, for although one may not admire the book, one must admire—one must salute—the some one who performed the astounding feat of getting it published by a reputable firm. It is evident that all the funny books are not listed under ''Humor'' nor all the mysteries confined to detective stories.

One notes the dignified title. The size and general appearance of the book are in keeping with the title. The table of contents is not unimpressive; the division is into three parts, the first general, the second on personal hygiene, and the third on developmental hygiene. The first section contains four chapters, each on an important topic: I. *Method of Study. The Disinterested Inquiry into Human Circumstances;* II. *Personal, Public, and Racial Hygiene;* III. *Physiology, Sanitation, Hygiene Care, and Welfare Spheres;* IV. *The Outlook of Health and Disease.*

There is an evening's work, we thought—with a little regret, for we wanted to be reading Ludwig Lewisohn's *Up Stream* (one of the truly significant books of the year, we believe). But Part I was no obstacle at all. Glance back at the titles of the four chapters. Now watch—see how easily it is done: Chapter I—five and one-half pages; Chapter II—two and one-half; Chapter III—a bit taxing, as the last part spills over slightly on to the eighth page; Chapter IV (yes, really, I'm not fooling; you can see it in the book)—*The Outlook of Health and Disease*—ONE PAGE!!

Chapter I (five and one-half pages) is divided into five sections: *Nature and Humanity, The Greek Period, Modern Medicine, Natural Processes Give Rise to Disease and Death as to Health and Life, The Naturalistic Point of View. Nature and Humanity* is covered by a two-and-a-half-line quotation from Darwin and two lines from Wordsworth; a quotation from Berdoe's *Origin and Growth of the Healing Art* (p. 172) to the effect that Hippocrates first recognized nature in the treatment of disease does for the *Greek Period;* Berdoe also has to stand sponsor for modern medicine with a four-line quotation (p. 381) to the effect that Thomas Sydenham inaugurated a new era in medicine; the responsibility for the fourth section is given to Sir James Paget, researches into whose *Memoirs* (precisely, the second edition, p. 179) reveals the statement that ''to degenerate and die is as normal as to develop and live''. The whole of Part I—seventeen pages.

By this time we had given up the idea of *Up Stream,* for we were now curious and were having a pretty good time as it was. It was an interesting group of emotions that we were experiencing, a mixture of curiosity, amusement, amazement—we looked back several times to see if really the Dutton mark was on the book—and admiration. Of course we didn't read the book—one couldn't do that—but we browsed about (one can do quite a little browsing in 377 pages) and were constantly edified, for we learned much about book making.

The book has no appendix where appendices usually are; there are many appendices, but they are attached to various ''chapters''. Chapter V, for example, *The Problem of ''Know Thyself''* (three and one-quarter pages) has an appendix of about ten pages, an odd miscellany of quotations long and short, from the *Psalms* and *Hamlet* to—well, not to anything—just more *Psalms* and *Hamlet*, only with credit to Pendlebury Houghton's sermons, Channing, Erichsen, and the like. Throughout, the author keeps to the admirable plan of saying what he knows about a subject and then stopping—*Individuality, Temperament, and Other Endowments* (Chapter IX), four pages; *Self-fulfillment and Environment* (Chapter XI), three and one-quarter pages, but with pages and pages of bootless quotations in an appendix.

The author has evidently kept a scrapbook for many—we should say very many—years. It may have been very difficult, of course, to get any order out of the cluttered accumulation, and we should probably praise him for the success he has achieved. After all, it isn't what one accomplishes in this life that counts, but the difficulties and obstacles one has overcome in achieving at all. On the other hand, our praise is held back by the question that forces itself, why publish one's scrapbook at all? But then that is not a question for us to answer—it is a question for publishers.

The author promises more volumes. If the publishing of scrapbooks is to become the vogue, there should be more competition. All of us have books of collected scraps, drawers and files of disconnected notes, and the books of our libraries are full of passages checked and underlined. Most of us, I suppose, keep this material for such incidental use as it may have; that—if we could find a good title, such as *Lifts from Life*—it was marketable as a source book had never occurred to us. But if good publishers will accept this material almost as it is, without demanding of us that we tie the various items together with even so much interstitial tissue as Christopher Morley and F. P. A. use in putting together their daily ''columns'', there is no reason why, before the manuscript for the next volume comes over from England, some of the rest of us should not have ours on the list to compete with it. Such books, it occurs to us, might well be placed in libraries among the *intime* books, and rather than "Source Books" a better subclassification would be "Idiosyncratic Confessions".

FRANKWOOD E. WILLIAMS.

The National Committee for Mental Hygiene.

A HANDBOOK OF MENTAL TESTS. By F. Kuhlman. Baltimore: Warwick and York, 1922. 208 p.

This is a revision and an extension of the Binet-Simon tests. The author has sought to correct defects in the original tests. They measured too high at the lower and too low at the upper end of the scale. He has also sought to standardize methods of giving and of scoring the tests, in order to minimize the personal equation of the examiner as a factor in the resulting mental age. He has made a serious effort to get away from the school-training and school-knowledge element in the tests and to make them reveal the native capability of the individual, leaving out as much as possible results of training. He has also sought so to form the tests as to reduce to a minimum the element of communicability.

To achieve these purposes, *performance* tests have been introduced in abundance. They replace some of the tests in the original Binet series that required verbal responses. The author has eliminated nineteen of the original tests. The scale has been extended, giving tests for three months, six months, one year, eighteen months, and two years. For the years from three to twelve inclusive, there are eight tests each, even for eleven years, which was omitted in the last Binet-Simon scale and in the Stanford Revision. There are eight tests for the years from thirteen to fifteen. To make the processes of testing and of scoring more objective, much of the scoring is made to depend upon the *time* used in performance and the *accuracy* (counting errors) of the performance. A stop watch is almost a necessity for the examiner using these tests.

As examples of the displacement and addition of tests, for year six we find only three of the Stanford Binet-Simon tests: (1) distinguishing between right and left and (2) between morning and afternoon, and (3) mutilated pictures. From the five-year tests of the Stanford Revision, we find in the six-year series of Kuhlman (1) æsthetic comparison and (2) execution of three simultaneous commands. The first mentioned is made somewhat easier than in the five-year Stanford series. Three new tests are added to the six-year series: (1) counting pencil taps made by the examiner, (2) imitating the folding of a paper square, and (3) tapping blocks in the order shown by examiner (Knox Pintner Cube Test modified).

In the eight-year series, on the other hand, there are three tests from the eight-year series of the Stanford Revision: (1) similarities, (2) counting backward, and (3) vocabulary. Counting backward is made harder, twenty seconds and one error being allowed. The vocabulary is modified by taking fifty words, apparently the easiest of each of the two Stanford series of fifty each, and allowing credit for twenty of these correctly defined. One eight-year test here is the stamp counting given as an alternate nine-year test in the Stanford Revision. Comprehension is a new test which consists in drawing lines from the center of a square to the corners and middle points of the sides, after these points have been carefully pointed out on the figure to be used. Three other new tests complete the eight-year series: (1) opposites (ten words, time and error scoring), (2) folding a paper square five times, and (3) counting dots.

The chapters headed *Conduct of an Examination* and *Directions for Giving the Tests* aim to make these tests available to and usable by the untrained examiner. Any intelligent person who carefully studies these two chapters should be able to give the tests and to score them properly.

The author emphasizes the distinction between mental testing and mental diagnosis. He clearly realizes that these are different processes. Despite this, however, his discussion of the meaning of intelligence quotients (p. 16) offers itself as an example of the psychologist's fallacy. No mental diagnosis can be made on the basis of an intelligence quotient alone. Even the mentally deficient individual has a personality as well as an intelligence. Psychology properly applied must measure capacity for social adjustment.

The chapter entitled *Principles of the Year Scale* emphasizes the importance of *discriminative capacity*. On the basis of this fundamentally important characteristic, tests should be selected and placed in the scale. Discriminative capacity means serviceability in distinguishing between different degrees of mental development. This scale is the result of more than 7,000 individual examinations. Two thousand pedagogically normal school children have been measured by these studies in order to form the scale. In this chapter the author exhibits the mechanics of the formation of the scale, the logic by which it came into being. It is a most important part of the work. It will appeal to the psychologist rather than to the beginner in testing.

As to abbreviation of tests, the author recognizes that it is not necessary to give the eight tests ordinarily required for each of the years in order to arrive at a useful statement of mental age. He recommends that the tests be given in the order numbered in each year. Even where the whole eight of each year are to be used, he recommends giving only four in succession for any given year. Without stating any figures as to relative accuracy when smaller numbers of tests are used for each year, he states that two, three, four, or five tests per year will give mental age with a degree of accuracy in general corresponding to the fraction of the whole number used. The implication is that where any less than the whole eight are used, it is desirable to use them from one onward. Accuracies of abbreviations should be worked out.

In the appendix, the author contributes a table of intelligence quotients from 25 to 150, for ages from three years to maturity, and for mental ages from 3 to 15 inclusive. The book needs an index and would be improved by an author index. An element of serviceability would be contributed by a condensed list of the tests by years of age.

These tests constitute a very serviceable addition to the armamentarium of the worker in applied psychology. The scale is useful in emphasizing *performance* as an index of developing mental capacity. Dr. Kuhlman's scale is likely to displace to a considerable extent some other scales more generally in use at the present time.

THOMAS H. HAINES.

The National Committee for Mental Hygiene.

THE HISTORY OF PUBLIC POOR RELIEF IN MASSACHUSETTS, 1620–1920. By Robert W. Kelso. Boston: Houghton Mifflin Company, 1922. 200 p.

This interesting little book opens with an account of the English background of poor relief and then proceeds to an all too brief consideration of the social foundations of New England, treating thereafter in greater detail of inhabitancy and the genesis of the settlement law, the modern law of legal settlement in Massachusetts, the town poor, absorption of relief functions by the state, and the department of public welfare, and concluding with the subject of child care and the child-placing system in Massachusetts.

The rigors of pioneer existence, combined with the effects of the continental transportation system, caused the towns to resort to harsh methods of self-defense against the ever-increasing numbers of dependents. Thus the lot of the town's poor was hard in the early days and only gradually ameliorated. No social treatment was provided because modern social work had not developed. The contentiousness of the towns in dealing with dependents is illustrated by the case of Taunton and Plymouth when one John Harmon was to be ''entertained'' a year by one town, then a year by the other, and so on alternately. In Hadley, the Widow Baldwin was boarded out, to remain a fortnight in each family—''to go from Samuel Parker's, Senior, southward, and round the town''. Poverty was not distinguished from pauperism. The ''town cow'' was often assigned to a poor family as a measure of relief.

This book will be valuable to social workers because of the sweeping perspective of its view. It will be useful to students for its careful footnotes. The title of the book and even the chapter headings are misleading in that they seem to promise a ''history'' of poor relief. As a matter of fact, the author's treatment is much more restricted, since no adequate account is given of the social-economic factors associated with the policies and practices of various periods. The chronology of legal development is clearly traced, but the reader is disappointed at the absence of statistical tabulation of an historical character that would show clearly the main tendencies in administrative change. The reader is also entitled to expect, from such an emiment authority as the author undoubtably is, some attention to the development of social treatment and social practice. Considered as a history of the development of the legal aspects of poor-relief administration in Massachusetts, the book is a valuable contribution.

F. Stuart Chapin.

University of Minnesota.

Social Work in the Light of History. By Stewart Alfred Queen. Philadelphia: J. B. Lippincott Company, 1922. 327 p.

Social Work in the Light of History provides the reader with a pleasing variation from the usual exposition of social-work problems. The author, who is professor of sociology at the University of Kansas, beginning with a review of the outstanding social-work movements of to-day and the progress that has been made in each particular field, suddenly transports us back to the Middle Ages and takes us step by step through the slow progress that has gradually led to present-day methods of social work, pointing out for us skillfully and intelligently how these small, clumsy, and often rather stupid beginnings have developed into modern technique and constructive planning. The reader receives more than he had bargained for. He not only gets the story of the evolution of social work, but he also finds himself acquiring a very good side light upon the social life and problems of medieval Europe. Professor Queen has told his story in a clear, vigorous style that carries one through from beginning to end without the slightest fatigue.

Of course no review would be quite complete if it did not pick a few flaws. The serious defect in the book is that the author has attempted to cover the leading social-work movements of to-day in so small a space that he sometimes fails to give us a well-rounded picture. At times one feels that he perhaps does not know the facts in connection with certain of the modern movements in social work quite as well as he knows their historical background. He would have done better to have given us less of the past and more of the present.

For instance, in his discussion of councils of social agencies, which is brief and incomplete, he makes the statement that "in Chicago and Milwaukee the council is considering the question of joint purchase of supplies", overlooking the fact that certain other cities already have central purchasing departments in connection with their councils. Similarily the discussion of financial federations falls short of covering the subject. The reader gets but a limited conception of the growth and development of the movement, of its advantages, and of the objections that are sometimes raised against it. One might very well conclude, after reading the paragraph on financial federations, that there was no important federation except that in Cleveland. There is no mention of the tendency toward the organization of functional groups, such as children's bureaus, recreation councils, and public-health federations.

The discussion of industrial housing pictures some of the early developments, but does not disclose the status of industrial housing at present, nor does it give a very good idea of the successes and failures that have attended the movement. In his discussion of housing legislation, the author has apparently been influenced largely by the attitude of those who have no confidence in housing legislation. He says, "it has been largely of the 'Thou shalt not' variety and has rarely provided for the construction of houses to meet the shortage or to displace those that need to be torn down". True—but housing legislation has not been initiated primarily for either of these purposes. Its primary purpose is to see to it that existing housing is improved so far as possible by legal compulsion and, more important still, that all dwellings hereafter constructed shall be so built as to provide the reasonable requirements of good housing.

City planning and zoning are mentioned, but it would be quite impossible for any one unfamiliar with the fundamentals of this subject to understand from the four paragraphs devoted to it the significance of the movement or how it is related to social work.

In the chapter devoted to the settlement movement, the author lists a number of activities which, he states, have developed directly from this movement. For such activities as those of the Playground and Recreation Association of America, the War Camp Community Service, university extension, and community centers in the public schools, it might be possible to trace such a connection. But certainly the statement that "the National Social Unit Organization is the latest outgrowth of the settlement movement" would scarcely be accepted by those familiar with its underlying principles. The author quotes the purposes of the National Social Unit Organization: "to promote a type of democratic community organization through which the citizenship as a whole can participate directly in the control of community affairs, while at the same time making constant use of the highest technical skill available". There is a wide difference between this and the aims of the settlement as most of us know it. The discussion of the National Social Unit Organization's three-year experiment in Cincinnati is altogether too incomplete to tell the story.

While mention is made here and there of certain phases of the mental-hygiene movement, such as the improvement in hospitals for mental disease, special classes in the public schools, special training for feebleminded persons, and the application of psychiatry to certain phases of social work, yet there is nothing like a satisfactory discussion of the recent progress in mental hygiene or what it means to the problems of social work to-day.

The purpose of the author, as indicated in the title of the book, was of course to direct the light of history upon social work as we know it to-day. Yet it is unfortunate that he did not avoid these glaring omissions by devoting a little more space to the outstanding movements in present-day social work, even if it meant cutting down a little on his historical data. He throws a bright light on a dim picture. Had he made the picture sharper, with the light less bright, we could have seen it to better advantage.

After all, these are destructive criticisms, and it would not be fair to conclude without emphasizing again that the book as a whole is a contribution of real value. It is clear in its language, original and refreshing in its ideas. The author does not hesitate to think fundamentally and to speak frankly on the vital problems of our social order. Any one engaged in social work or interested in the academic phases of the problem will find it stimulating and profitable.

BLEEKER MARQUETTE.

Public Health Federation, Cincinnati.

THE RURAL MIND AND SOCIAL WELFARE. By Earnest R. Groves, with an introduction by Kenyon L. Butterfield. Chicago: University of Chicago Press, 1922. 205 p.

The author states that "this book attempts to analyze in detail the rural social mind for the purpose of emphasizing its significance in our national life. Rural people . . . contribute to modern society attitudes of mind of indispensable value. Not that country people are inherently different from city people. Living in a different environment, they naturally develop characteristic habits of mind. . . .

The psychic contribution of the farming population is indispensable in our social life, for it provides mental qualities which urban people largely lack.''

Such is the thesis of the book. The subject is one of great significance, and the book itself is a distinct contribution to the literature of rural welfare. It will be of great value in guiding experimenters in the field of social activities under rural conditions. In so far as such experimenters have neglected to take the psychological factors in rural life into consideration, they have failed. It is undoubtedly true that much rural work has been weak for that reason. Rural ways of thinking are different from urban. Dr. Butterfield states the point clearly in the introduction when he says: ''They [the farmers] are not peculiar nor unique, nor inferior—they are just different. They live under different conditions from city people; they think in different terms; they breathe a different atmosphere; they handle their affairs differently—perhaps because they have different affairs to handle. This difference is not a difference in essential human qualities, but merely the effect of environment on inherent traits.''

Through eleven chapters the author develops the psychological differences between rural and city folk, which social workers in city and country alike should understand. He deals with such subjects as the social contribution of primitive agriculture; country life and the herd instinct; the instinct of self-assertion; the parental and the sex instincts; fear; pugnacity; curiosity; workmanship; acquisition; play; the country church and the rural mind; and the psychology of rural organization.

''There is no rural psychology comparable to our urban psychology'', he says. ''This, however, is not because country life is destitute of problems or material for analysis, but merely because the science has relatively ignored the rural environment.'' He pleads for the assembling of materials for the study of rural psychology which, when brought together, ''must considerably influence every undertaking for rural welfare'', because ''light will necessarily be thrown upon the work of the church and the school and the family''.

The book explains the drift to the city from its psychological factors, particularly the herd instinct. ''It is the crude, gregarious appeal'', he says, ''the mere love of crowded streets, not city contact, but city herd life, that steals the values of country-life environment.'' He pleads for an educational system that will ''reveal to men and women in the country the things in their life of real worth''.

It is a task of peculiar difficulty to point out the ways in which the instincts of rural people are different from those of city folk on such matters as pugnacity, curiosity, play, fear, parenthood, and sex. What the author has to say on these subjects is naturally merely preliminary; further collection of material may change some of the tentative conclusions. In the matter of fear, for instance, a vast amount of psychological data is needed to serve as a basis for conclusions. The author gives fear as one of the most impelling instincts in rural life; it is questionable whether or not the data is sufficient at this time for such a conclusion. It would appear that many of the conclusions in the chapter on fear are drawn from pioneer and insecure rural life; they are not true of settled rural regions. The reviewer has made inquiries of many farmers since this book appeared, and his own experience and theirs indicates that in one section at least the instinct of fear is certainly not more developed among rural folk than among city dwellers. The fact is that in large sections ''neither locks have they to their doors, nor bars to their windows''. They have their own special fears, due to their environment, as also do urban dwellers. They are doubtless more timid and fearful in certain undertakings, such as investments, because they have more at stake and have had less experience. But the presentation of the subject of the fear instinct, as well as that of pugnacity, curiosity, play, self-assertion, sex, and parenthood, forms the scientific basis for the psychology of rural organization.

No one who proposes to do work in the country should fail to make a careful study of this book. ''Successful organization'', the author points out, ''rests upon a basic psychology'', and this is true of rural organization as well as of urban. A failure to understand rural psychology is the reason for the slowness of the development of rural organization. The author makes a wise observation when he says: ''Organizations cannot be developed in urban offices by people steeped in urban psychology, working for urban objectives, and then be transferred bodily into country sections and forced upon country people, without a high percentage of failure, even though subsidized from the urban center with money, personnel, and enthusiasm.''

The book has an excellent bibliography at the end of each chapter. In this it is an excellent handbook of the valuable literature that is developing in the field of social psychology.

John A. Lapp.

National Catholic Welfare Council.

Character Revelations of Mind and Body. By Gerald Elton Fosbroke. New York: G. P. Putnam's Sons, 1922. 198 p.

Mindful of the fact that Goll contributed much to the science of neuropathology before his intellectual death in the morass of phrenological quackery, one picks up such a book, which assumes to correlate mind and physiognomy, with some faint stirrings of hope, despite the disappointments and disillusionments of numerous similar books in days past. Such hopes receive some slight encouragement from a first glance; there is a smattering of modern scientific terms, there is a readable preface, there is a commendable emphasis upon the importance of observation.

Close study of the book, however, soon dashes all such hopes in an exceedingly dismal disappointment. There is the merest pretense of clinging to the dicta of scientific procedure; the essentially unscientific nature of the book cries out from every page. Generalization supplants data. The book contains no tables, no proofs, no diagrams, no averages, no composite photographs. It talks much of ''nerve tension'' and of ''qualities of the perceptive mind'' and of ''the upper and lower brow''. There is a mass of sophistry concerning ''four degrees of compression'' assumed by the brow, representing respectively in decreasing degree the scientific mind, the mechanical mind, the artistic mind, and the credulous mind.

The book is guilty of many inane word salads and logic hashes, such as the following:

''Morals are abstract things. Therefore it is necessary that there be good reflective power to reason out the justice of a particular action, but it is the perceptive region that must be relied upon for a correct premise from which to reason, and for action after a conclusion has been reached.''

It is likewise guilty of such elaborations of the obvious as the following: ''Upon this premise, which has been tested in thousands of cases, we base the conclusion that the well formed head and face, showing no decided lack of harmony or crudities, is the head and face of the balanced man.''

It contains such overt displays of the author's ignorance of common medical knowledge as the statement, on page 11, that in as much as blood tests, although desired by some employers, are objected to by some prospective employees, this method of character analysis from the study of features will obviate the difficulty because ''blood conditions and heart reactions of the subject can be nicely gauged by training the powers of observation in this direction''. Again, ''. . . the blood might appear to be over-thinned, containing too many red corpuscles''. Perhaps we should not be too critical, since the layman cannot and does not distinguish between cytology and serology, but the author can scarcely be forgiven his apparent total ignorance of both.

Many technical details in the book might be criticized. The writer cites no authority but himself. He occasionally uses the phrase ''it is stated on good authority'', and he spends some pages in a sarcastic criticism of one of his critics without naming him, and cites one authority by referring only to "the university paper". The style throughout is exceedingly tiresome.

The last third of the book is taken up with portraits accompanied by analyses. These analyses would be amusing if they were not so monotonous; they might be stimulating if they were not so wordy. There is no claim that they are accurate. Many portions of them could scarcely help being to some degree accurate—for example, "mental-physical type"; or, "He is very general in his liking for people"; or, again, "He has a decided liking for approbation".

To each analysis is appended what is called "constructive criticism" and some remarks about vocational adaptability. It is rather amusing that a paragraph of the former is in almost every case devoted to the worthy recommendation that the subject procure from *Collier's Weekly*, 416 E. 13th St., New York City, a system of calisthenics called the "Daily Dozen".

Finally—since this is a review for MENTAL HYGIENE—the following paragraphs are cited as indicative of the manifest need for propaganda *in re* mental disease, (leaving grammar out of the question, and without reference to any accompanying lines about "the full emotional eye" and other conceptions):

"Giving way in excess to imaginative dreams or in insanity the same result will be produced in lesser degree.

"Insanity caused by over-use of the perceptive mind or by worry will draw the eye more deeply into the head and the eye will be furtive, extremely active, and almost brilliant in its transparency, which is caused by over-activity of the brain and eye as a result of excess of blood pressure. This type tends to be dangerously treacherous.

"Insanity caused by vague imaginings and over-development of the emotional side will result in the eye becoming even more prominent, with a surface transparency, and this type tends to be uncontrollably violent."

In short, this book is another disappointment in an undeveloped, but much exploited field.

KARL A. MENNINGER.

Central Neuropsychiatric Association, Topeka, Kansas.

THE CAVEMAN WITHIN US. By William J. Fielding. New York: E. P. Dutton and Company, 1922. 372 p.

This book has a title that is somewhat unusual and striking, and it will be an interesting study in psychological advertising to see whether this title stimulates the curiosity of the reading public to the point where the book becomes one of the psychological ''best sellers'', or whether it will rather disturb the equanimity of the said public and repel them from the book.

The question of dual personality has been brought before us in many different ways. This book is a very complete presentation of the primitive instincts within us all, and also of our socialized instincts as they exist to-day. The works of many authors have been drawn upon and there is a fairly large bibliography appended to each chapter. There is much in this book that should appeal to the lay reader, and there are many helpful suggestions as to controlling and directing primitive instincts in ways that are constructive and socially acceptable. Many of the unsubstantiated statements of over-enthusiastic psychological investigators have been omitted from the book, and we find comparatively few statements with which those conversant with accepted psychological work could differ.

At times we feel that some of the chapters contain too much material taken almost directly from the works of other authors; and again, in the chapter entitled *The Caveman Sick,* there is a tendency to neglect the importance of physical factors in the causation of psychoses. This same chapter seems to show a failure on the part of the author to profit by the valuable teachings of war experience. There is an unfortunate repetition of the properly tabooed term, ''shell shock''; and the statement, ''acquired insanity known as dementia'', is most ill-advised, as well as misleading. However, these are but minor details, and as a whole the book does not contain many of them. They are only cited to indicate the need of more accurate statements with regard to some medical facts, which will undoubtedly be made in the next edition.

On the whole, the author has given a very comprehensive—possibly a bit too comprehensive—account of the conflicting natures within us—their inception, their development, their conflicts, their defeats, and their supremacy—and has offered many helpful ideas as to the proper guidance and direction of these powerful forces. The layman could hardly gain many misconceptions from this book, and should find much that is constructive and helpful. To the physician in general practice and to many others who come in contact with the problems of adjustment as relating to society, the book will present many points of view that should be distinctly valuable and will give a working knowledge for the understanding of certain individual and group maladjustments.

ARTHUR H. RUGGLES.

Rhode Island Society for Mental Hygiene.

TEACHING TO THINK. By Julius Boraas. New York: The Macmillan Company, 1922. 289 p.

The purpose of *Teaching to Think,* according to the preface, is to indicate practical methods in the ordinary school for the development of the kind of thinking required in everyday life. The sophisticated reader, hardened by much experience with pedagogical logic, is likely not to go beyond this rosy declaration of the preface. For once at least the much disappointed reader is wrong. The book is all it promises and more. It shows specifically and in a way that permits no argument, first, that education at present does not teach pupils to think and is not expected to do so by those who instruct; and, secondly, that education easily could teach pupils to think and by doing so would make instruction worth while. It is an audacious book, for it challenges American complacency. It is the kind of book some of us, looking back upon our own childhood, wish that our teachers might have read.

The following chapter titles suggest the substance of the book: *The Greatest Thing in Teaching, Thinking as an Efficient Form of Behavior, The Development of Individual Judgment, The Development of Initiative in Thinking, Thinking and the Solution of Everyday Problems, The Development of Skill in Critical Thinking, Methods and Tools for Improving the Teacher's Efficiency in Thinking.* The author would have had a better understanding of the problem of thinking had he been more familiar with recent psychology and psychiatry.

What a weary waste of life much of education really is, what a cruel fraud! If the book gets through the academic skin of self-satisfied educators, the author may have the sense of achievement he richly deserves.

ERNEST R. GROVES.

Boston University.

HOW TO CHOOSE AND GET A BETTER JOB. By E. J. Kilduff. New York: Harper and Brothers, 1921. 215 p.

Every year a new crop of young people must go through the process of finding the first job; every year large numbers of men and women are looking for a different job, or a better job; hence the perennial interest in books that claim to give assistance in the search. Within approximately a year three books of a very similar nature treating of this problem have appeared: *Finding Your Job,* by Shidle (Ronald Press Company, 1921); *How to Get the Job You Want,* by Fletcher (Houghton Mifflin Company, 1922); and the present volume, by Kilduff. Their chief difference lies not in their substance, but in their manner. Fletcher's book is full of "pep", "go get 'em", and "hot stuff" for 450 pages, unduly lengthened by frequent repetitions; Shidle's book is a fairly terse summary of the various sources and methods of finding a job; Kilduff's consists of slightly more than two hundred pages written in a somewhat monotonous strain, but expressive of considerable "common-sense" psychology.

The author of *How to Choose and Get a Better Job* is Professor of Business English at New York University, so it is not surprising that much of his attention is devoted to various forms of letters, both unsolicited letters and letters in answer to advertisements. The letter should perform the four functions of selling: attracting favorable attention, creating desire, convincing, and stimulating action, and the means of attaining this fourfold performance are given in detail by Professor Kilduff, together with illustrative or model letters. The chapter headings are largely indicative of the purpose of the author: *Planning Your Future, Making the Decision, When Circumstances Interfere, How to Go out after the Job, Answering Advertisements, Unsolicited Letters of Application, Advertising for a Position, The Personal Interview,* and the like. In outlining in this simple fashion much of the accepted job-hunting technique, the writer may be of genuine assistance to the young or inexperienced person who has not fully grasped the importance of neatness of letter and of person, of correct spelling and punctuation, and of adopting in approaching the prospective employer a manner that shall be neither too aggressive nor too humble; and the perusal of *How to Choose and Get a Better Job* may save the young man or woman from some of the careless mistakes that are likely to mark the early years of occupation.

In the title, however, and by implication throughout the entire volume, the author strays over into the field of vocational guidance in general. The other two books listed do much the same thing, although their value lies definitely and only in the analysis of the technique of "landing" a job. Kilduff's leaning toward the broader subject is manifested in a little general advice and the adoption of a tone of encouragement and hearty optimism, springing out of the old false psychology that the will is something above and outside of the mechanism of the body by which the mind and the muscles may be whipped up to a desperate industriousness, the reward of which is inevitably Success. The beneficial discipline of poverty is glorified, and hard labor is accounted the golden key that unlocks all doors. Recognition of individual differences and of individual limitations is slight and grudging if it appears at all. Two quotations, preceding Chapters V and VI respectively, illustrate the author's attitude: "There is no secret about success. Success simply calls for hard work." "The slow trotter will out-travel the fleet racer. Genius darts, flutters, and tires; but perseverance wears and wins."

The intricate problems of vocational adjustment are not even hinted at nor is there evident any acquaintance with the growing endeavor to develop vocational guidance upon a sound basis of psychology and sociology; the book, therefore, has no significance for the scientist. As, however, there are such extraordinarily large numbers of individuals who have little or no idea as to how to start out on the search for a position, the volume, through its detailed exposition of job-hunting technique, justifies its existence.

LORINE PRUETTE.

Smith College.

THE INTELLIGENCE OF HIGH SCHOOL SENIORS. By William F. Book. New York: The Macmillan Company, 1922. 371 p.

In this volume, Professor Book has given much interesting statistical data accumulated in the course of "a state-wide mental survey" of the seniors in Indiana high schools. His presentation of his material is scholarly and exact; he includes chapters on methods—tests used, technique, and the like—as well as tabulations of his findings. In this brief review, there is space only to touch upon some of Professor Book's most suggestive points. As might be expected, he finds a positive correlation between the intelligence rating on the mental tests and success in school. He is, however, puzzled by the fact that the brightest seniors according to the test ratings had never been selected for rapid promotion (acceleration). Indeed, some of these particularly gifted students had been retarded and forced to repeat some of their school work. Professor Book concludes that either the high school fails to recognize its brightest pupils or else that other factors as well as intelligence are necessary to cause a pupil to be chosen by his teachers for accelerated progress.

In this connection we may point out a salient criticism, not of Professor Book's book, but of his plan for a mental survey. A mental survey of school children, whether in high school or the lower grades, that takes into consideration only the intellectual equipment and neglects such vital factors as physical health, emotional reactions, personality make-up, and behavior habits, is exceedingly inadequate in the light of our present knowledge of the psychology of childhood and adolescence. Had Professor Book's survey been made on this broad basis, he might have found the answer to some of the questions that troubled him when he came to summarize his data. It is perhaps unfair to criticize him on this point, however, as he has apparently realized the inadequacy of his method, and will probably conduct his next state-wide survey along broader lines.

However much we may regret that Professor Book did not investigate other sides of the mental life of his high-school seniors than the purely intellectual qualities, we are sure to be interested in his findings in this field. It is worthy of note that although the girls outranked the boys in school work and received the higher marks, the boys rated higher than the girls on the intelligence tests. More girls than boys are accelerated in school progress, however. From the fact that the girls seem to succeed better in their school work than the boys, although the latter are really brighter according to tests, Professor Book concludes that the high-school curriculum is perhaps better adapted to the needs and interests of the girls. He states this conclusion as only tentative, however, which is wise in view of the fact that he has not made a study of the other factors that may enter into the picture.

There is other interesting information concerning intelligence and vocational choice, intelligence and economic status, and the like. A chapter discussing reforms suggested by the results of the survey follows the conventional lines of advocating intelligence tests for the location of feebleminded children and superior children and the separation of children into class subdivision, and as a basis for vocational guidance.

PHYLLIS BLANCHARD.

Mental Hygiene Clinic, Monmouth County (New Jersey) Organization for Social Welfare.

THE GAIN OF PERSONALITY. By W. Charles Loosmore. New York: E. P. Dutton and Company, 1922. 233 p.

While others have been trying to discover what personality is, this man tells you how to acquire it.

Two hundred and thirty-three pages of truisms, studded with appropriate quotations in prose and verse, written in most ornate style, but growing increasingly tiresome as the reader advances, it can hardly be considered a contribution to psychiatry.

The author has merely constructed a classification of the human virtues, and all of these virtues—charm, force, sympathy, symmetry, optimism, modesty, individuality, sincerity, enthusiasm, sensibility, humor, repose, and the like—we are asked somehow to acquire. The book belongs with Hall's *The Untroubled Mind,* Kipling's *If,* and *The Letters of Lord Chesterfield to His Son.*

HARRY N. KERNS.

Medical Department, U. S. Military Academy, West Point.

THE BELOVED EGO. By William Stekel. Translated by Rosalie Gabler. New York: Moffat, Yard, and Company, 1922. 237 p.

One of the several books by Stekel that have been translated within the past year. It consists of a series of short essays on such themes as *The Fear of Joy, Doubt, Envy, Impatience,* and the like, in which a psychoanalytical interpretation is supposed to be given. Most of it seems strangely naïve for a man of Stekel's reputation, and when it is not naïve, it is superficial.

PRACTICAL PSYCHOANALYSIS: AN INTRODUCTORY HANDBOOK. By H. Somerville. New York: William Wood and Company, 1922. 142 p.

This is the type of book that in the earlier days of psychoanalysis created so much misunderstanding and difficulty; a book in which what appears to be impossible is arbitrarily stated as ''fact''; in which ''obvious'' deductions, instead of appearing obviously correct, appear obviously incorrect; the type of book that makes the psychoanalyst seem a fool, absurdly credulous, or a trafficker in the obscene. Certainly a poor kind of ''introduction'' to any subject. On the other hand, for those who have a fairly clear understanding of Freudian principles and a knowledge of how they are derived, this particular book will be found unusually helpful as a brief review of the major tenets.

PLANS AND ILLUSTRATIONS OF PRISONS AND REFORMATORIES. Collected by Hastings H. Hart, LL.D., President of the American Prison Association. New York: Russell Sage Foundation, 1922. 62 p.

This is a collection of plans and illustrations of some of the newer prisons and reformatories, selected with reference to unusual or improved features. The institutions represented include the new Sing Sing Prison, the Wingdale Prison, the Kilby Prison in Alabama, the Westchester County Penitentiary and Workhouse, and several prison farms and reformatories. Short articles by Dr. Hart, Dr. Walter B. James, Lewis F. Pilcher, and others, accompany the plans. Of particular interest are Dr. Hart's tentative plan of a skyscraper jail, designed with special reference to the needs of Chicago, and the plans of the new Sing Sing Prison, which include provisions for the psychiatric study and classification of prisoners.

NOTES AND COMMENTS

District of Columbia

Plans are being formulated for an institution for the care and training of feebleminded persons in the District of Columbia. For many years bills have been introduced in Congress to establish such an institution, but have failed of enactment. However, in the current appropriation bill, Congress has authorized an expenditure of $250,000 for this institution.

Georgia

The Georgia Children's Code Commission was created by an act of the 1922 legislature. The duties of this commission are thus defined: "To study the existing laws of Georgia which in any way affect child life; to study conditions of child welfare in the state; to study the laws of other states, and to consult authorities in this and other states, and to draft for presentation to the succeeding legislatures such laws or amendments to the existing laws as will better safeguard the welfare of children in this state."

This commission is to consist of the following ten members, who are to be appointed by the governor for a term of five years: one superior-court judge, one member of the house of representatives, one state senator, and a member or representative from each of the following organizations: Federation of Women's Clubs, State Council of Social Agencies, State Board of Health, State Board of Public Welfare, State Federation of Labor, State Department of Education, Georgia League of Women Voters.

Mississippi

The 1922 legislature of Mississippi granted an appropriation of $16,000, for each of the years 1922 and 1923, to be used in the eradication, prevention, and cure of venereal diseases in that state. In this connection, the following house concurrent resolution of that assembly may be of interest:

"In consideration of the fact that the state appropriation for the eradication, prevention, and cure of venereal diseases was reduced 20 per cent and that the federal appropriation has been discontinued, making available for the campaign only about 40 per cent of the funds available the last biennial period, and that this sum is absolutely inadequate to make possible the operation of clinics for the treatment of venereal diseases, "*Resolved*, by the House of Representatives, the Senate concurring, That it is the sense of the legislature that every hospital receiving aid from the state be expected to treat all indigent patients presenting themselves with venereal diseases; provided that the bureau of venereal diseases furnish such medicines as are necessary for this service and that these institutions render a report to the bureau of venereal diseases of such cases treated in order that proper accounting may be had for the funds expended in the purchase of drugs."

The East Mississippi Insane Hospital received from the 1922 legislature an appropriation of $60,000, for the erection and equipment of a building for the care of ex-service men. The sum of $12,370.42 was appropriated to the Mississippi State Insane Hospital, at Jackson, to improve the wards and other facilities for the care of these men.

ANNUAL MEETING OF THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

The Thirteenth Annual Meeting of The National Committee for Mental Hygiene was held at the Hotel Pennsylvania, New York City, on November 9, 1922. A luncheon was served, following which there were informal addresses by Dr. Haven Emerson, New York City; Professor Stephen P. Duggan, New York City; Professor Elton Mayo of the University of Queenstown, Australia; Mr. John J. Carty, New York City; and Dr. Frankwood E. Williams, Medical Director of the National Committee.

Dr. Emerson emphasized the importance of psychiatric education for the general practitioner and urged those who have hitherto subscribed to other public-health activities to lend their support to the mental-hygiene movement as a necessary part of the public-health movement in general. Dr. Duggan gave a résumé of the work of the National Committee in various fields; Mr. Carty spoke of the possibilities of psychiatry from the standpoint of scientific research; and Professor Mayo told of the influence of the American mental-hygiene movement upon foreign countries. Dr. Williams announced the adoption of a five-year mental-hygiene program by Cincinnati, as a result of the mental-hygiene survey recently completed in that city.

The officers of the National Committee were all reëlected—namely, Dr. Walter B. James, President; Dr. Charles W. Eliot, Dr. Bernard Sachs, and Dr. William H. Welch, Vice-Presidents; Mr. Otto T. Bannard, Treasurer; and Mr. Clifford W. Beers, Secretary.

A NEW MENTAL HYGIENE PUBLICATION

Items of news from the field of mental hygiene can no longer be confined to the pages of a quarterly journal. Beginning with January, therefore, The National Committee for Mental Hygiene will issue each month, with the exception of July and August, a publication to be known as the *Mental Hygiene Bulletin.* The frequency of the publication of the *Bulletin* will make it possible to keep those interested informed of the current major activities in the field. Such items of news as have formerly been published in the *Notes and Comments* section of MENTAL HYGIENE will be transferred to the *Bulletin* and *Notes and Comments* will be reserved for the recording of events of a more formal nature such as the digest of legislation, abstract of reports of committees, of organizations, and the like. The *Bulletin* will be edited by Dr. Frankwood E. Williams, with Miss Edith M. Furbush, of the Department of Information and Statistics of the National Committee, as associate editor. There will be a nominal subscription price of twenty-five cents a year.

AN IMPRESSION OF COUÉ

The following letter, recently published in the *Psychoanalytic Review,* has a special interest in view of M. Coué's visit to the United States and the publicity that has attended it:

My dear Dr. White:

I, too, have been quite besieged by inquiries concerning the so-called "New Nancy School", since the publication of Baudouin's book and since it became known that I had visited M. Coué.

Now in so far as the book aims to give an account of what this very genial and honest old Frenchman is trying to do as a healer—since he is not a physician—the book is thoroughly mischievous, since it exaggerates to the point of distortion what is actually being done by Coué. After discussing the book with Coué, I am convinced, and so does he appear to be, that Baudouin's main objective must have been the exploitation of an opportunity to write a book, and Coué rather laughs at the strained and fantastic formulations with the incessant reiterations, "the New Nancy School", that the book reflects.

Personally, I could not get myself to feel that there is anything that is particularly new in Coué's procedure outside of the deliberate attempt that he makes to put over to his patients, either by means of direct lecturing or through hypnoidal suggestions, the various notions concerning the power of mind over matter, the marvels of autosuggestion, and the like.

I was, on the other hand, thoroughly carried away by the man back of the procedure, whose honesty, lack of affectation, and keen insight into human nature are quite sufficient to account for his success. He is actually doing a tremendous lot of good to countless numbers of neurotic, intimidated individuals who get from him a decided boost to their morale. Of course the majority of his patients, at any rate the more intelligent ones, come to him filled with a thorough disgust for the current practices of some of the respectable physicians, having been diagnosed to the very limit of ultra-scientific procedure and finding themselves, after it was all over, just about where they started. They are thus quite naturally in a very receptive mood for this new wonder-working approach to their difficulties which Coué succeeds in convincing them they carry within themselves.

I need not tell you, of course, to what extent the setting contributes to this success. Coué lives in a very charming French garden on the Rue Joan d'Arc in the city that has been famous for its psychotherapeutic wonders. The trick of the designation, "the New Nancy School", for which, however, Coué is not responsible, also helps not a little. While he has people coming to him from practically every country in the world, the majority of his patients, at any rate enough to make the setting what it should be, consist of simple French peasant folk with their innate, thorough preparedness for just such an approach to their ailments. I am convinced the thing could not be pulled off in America, certainly not in the manner in which Coué proceeds, the group method of treatment, although I may be wrong in this, since so far as I know it has never really been tried here.

The most interesting of my experiences, however, relate to the manner in which I got in touch with Coué. From reading the book, I naturally got the impression, especially since the phrase "the New Nancy School" was so constantly reiterated in the book, that this enterprise was being carried on in connection with the medical faculty of Nancy, and on arriving there, I went directly to the university. Well, the first professor to whom I addressed myself with the inquiry as to where I could find Professor Coué, nearly took my head off, and I actually believe would have assaulted me right there and then had he not been restrained by his innate French politeness—all of this, of course, because of the serious indignity I perpetrated in thinking, even, that this man Coué was affiliated with the faculty of medicine. He volunteered, however, the information that there was a man somewhere in Nancy who called himself Coué, but that, of course, he could not be expected to know anything about him.

Somewhat surprised at this reception and really wanting to get a look at the medical school, aside from my interest in Coué, I went to see the registrar. He likewise knew nothing about Coué, but looked up the various physicians' registries of France and assured me that no such man ever graduated in medicine in France. We then talked about the present status of psychotherapy at the university, and you can get some idea of what their attitude is when I tell you that after the death of Bernheim, they banished his book from the library and the students are being protected from any contact with this evil-smelling thing. Is it any wonder that the Coués are having such a fine time of it when the medical fraternity still persists in its vicious stupidity about these matters?

Failing to get any line on Coué at the university—except, of course, to sense what a real thorn in their flesh he is—I wandered out into the market place and approached the first cabby with the question as to whether he knew where a Mr. Coué lived; whereupon he threw up both arms in the characteristic French style, exclaiming: "Ah, M. Coué, he is the greatest doctor in the world! Everybody goes to him! Who does not know M. Coué? If you are sick, monsieur, I am sure he will get you well."

I imagine that is the kind of reception every one who comes to Nancy to inquire about Coué must receive, and of course half of Coué's battles are thus won for him. The strangest part of it all is that Coué is honest enough to tell to what extent he appreciates these side issues that go to make for his success.

I saw him treat all sorts of cases, organic and functional, being with him for several days. In a good many of the cases I saw very definite beneficial results, and in a good many others I was more or less convinced that he had started the patients on the road to improvement at any rate.

Of course Coué is thoroughly convinced that all organic conditions, just so they are not acute and immediately threatening to life, can be successfully treated by his method, and he does not make any pretensions whatever at attempting a diagnosis of his case. In many instances the patient brings to him well corroborated and well established diagnoses, since many a doctor has had hold of the case before. His actual procedure is somewhat as follows:

The patients gather in a little house in his back garden, almost a shack, and devoid of furniture except for benches around the walls, in two communicating rooms. I have seen, I think, scores of patients at one time gathered in this garden hut, and Coué going from one to another, conversing very briefly with them about their difficulties and telling them in an offhand fashion that he has had such and such success with such cases, and so forth, after which he picks out some cases that he has successfully treated—and in the gathering there is usually at least one case of that sort—and points the moral to the rest of the patients. The selected patient is given an opportunity to make the most of these experience meetings.

Coué then addresses the crowd on the general principles of suggestion and auto-suggestion, the power of mind over body, and so forth, telling them, in an offhand fashion and with a very shrewd purpose, to close their eyes while he is lecturing to them. This lecture lasts for about an hour, during which a goodly percentage of the patients fall into some degree of hypnosis. He then strengthens these general suggestions by touching the affected part of the patient and bringing the suggestion more directly home to him. Then everybody wakes up feeling fine, and they are dismissed with the assurance that everything is going to be all right.

Now and then he illustrates the principles of suggestion by picking out the most apparently suggestible of the crowd and making him give actual evidence of the power of suggestion by suggesting to him various disabilities and other tricks of that sort. You see, on the whole it is the same old pack of tricks, only it seems to me carried on by a thoroughly honest old fellow. He is very intelligent, cultured, and rather free from any strong economic motives. A rather unkempt-looking housekeeper distributes pamphlets to the patients upon their dismissal, for which she charges them a franc or so, and that is apparently the only fee the patients are expected to pay, although of course they may pay him all they feel like. But the whole picture impresses one as being rather devoid of the economic bias.

This, in brief, is a general description of my experiences at Nancy. It is a pity, as I have indicated in my review of Baudouin's book in MENTAL HYGIENE,[1] that Baudouin has given such a distorted picture of the thing Coué is endeavoring to do, and Coué himself impressed me as being rather annoyed with this ambitious stunt of Baudouin's. He had not seen Baudouin in months, and he knew very little of his whereabouts at the time I saw him.

It seems that Baudouin got his impression of Coué's work in a rather cursory sort of way and was carried away with the urge to write a book.

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Very cordially yours,

BERNARD GLUECK.

LATIN-AMERICAN COMMITTEE FOR MENTAL HYGIENE

At the sixth Latin-American Medical Congress, held in Havana, November 19-26, Dr. Gustavo Riedel, Director General of the State Government Hospital for the Insane, Rio de Janeiro, and professor of biological chemistry in the National Medical Academy of Brazil, proposed that there be formed a Latin-American Committee for Mental Hygiene, to meet in conjunction with subsequent sessions of the congress. The vote was passed and each Latin-American country will be represented on this committee by two members. The representatives of Brazil are Dr. Riedel and Dr. Juliano Moreiro, director of the National Mental Hospital at Rio de Janeiro.

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[1] Vol. 5, pp. 256-7, October, 1921.

Genuine Economy

Governor Alfred E. Smith, in his annual message to the legislature of New York, had the following to say in regard to the responsibility of the state in its care and treatment of patients with mental disease:

> "Some years ago the state undertook, as a state function, the care of the mentally disturbed portion of our population. There are approximately forty thousand people to-day in the state hospitals for the insane. The treatment that they are to receive from the state depends entirely upon the interpretation that you put on the word 'care'. If we are simply to lock them in and herd them together until their distress of mind is relieved by death, that is one method. If, on the other hand, we are to care for them properly, put forth our best efforts to provide for their needs medically and otherwise, make the very best effort that we can to effect a cure, provide for their physical comfort, we must make such appropriations for maintenance as will secure the best kind of help in adequate numbers.
>
> "Overcrowding in these institutions is one of the most serious problems confronting the state. I believe that the people want to do everything they can for these unfortunate wards; that the great majority of the people feel that this is an obligation that they should discharge to the very limit of their ability. I, therefore, bespeak your careful attention to proper appropriations for maintenance and a careful study of proposals to add to the existing structures as well as to build new ones of proven necessity in order that we may cure the evil of overcrowding and not overlook the necessity for attendants in adequate number.
>
> "Related to this in a way is the problem of the mentally deficient. On the theory that a stitch in time saves nine, the dollar spent by the state at the right time may save countless dollars later on in the handling of this important problem. With proper housing under proper environment and with proper teaching, the mentally deficient may be made useful members of society to the extent that their condition will permit. Work might well be begun in the schools in extending the system of special classes successfully started, where it is possible at first hand to detect any defective mentality and where in the primary stages some form of training might be useful.

> "If the state neglects mental defectives, it may save some money, but it will pay twice as much in the long run in provision for more costly forms of custodial care. In fact, this general principle of proper standards might well be applied to all of our state institutions which care for any group of our dependent wards. They should all be kept at the highest possible standard. If we do this work, let us do it well. If we do it only halfway, we lose as far as results are concerned on even the half that we undertake.
>
> "I will be glad to coöperate with your committees and the officials in charge of our various institutions in working out a program that properly meets these needs."

The Control of Life

Lewis Mumford, associate editor of *The Dial* and acting editor of the (London) *Sociological Review,* has reviewed in the *New Republic The Age of Invention: A Chronicle of Mechanical Conquest* by Holland Thompson (Vol. 37, *The Chronicle of America Series.* New Haven: Yale University Press) and *The Control of Life* by J. Arthur Thomson (New York: Henry Holt and Company). Mr. Mumford chose to review these books together for the reason that the first writer deals implicitly with the physical aspect of a problem that Professor Thomson approaches mainly from the biological side. The first book he discusses but briefly, as "the significance of the Age of Invention to the development of our American civility is lost in a shuffle of dates, biographies, and anecdotes". The two books, however, raise the question, "What instruments can we use for the 'relief of man's estate'?" and Mr. Mumford's discussion is of interest.

"Professor Thomson begins with the Baconian thesis that science is the chief instrument for this purpose, and he attempts to show in terms of present-day biological knowledge the possibilities for development that now open before us. On the subject of heredity, health, and population, Professor Thomson indicates that a good store of knowledge is already available for rectifying the tendencies toward deterioration which are so plain in the modern community. Yet at the conclusion of his excellent survey, the central thesis of *The Control of Life*—'that a new freedom may be reached by bringing more brains, as well as more good will, to bear'—is insidiously withdrawn. 'The application of science', Professor Thomson confesses, 'need not be for good at all; the degree to which it will be for good depends on its congruence with man's organization of ideals. . . . There is obviously nothing evil in machinery or mining as such; there can be nothing evil in applying science to industry; but the danger of our weak humanity is in allowing practical organization to be dominated by some one-sided ideal such as greed. And, as has been shrewdly said, the reason for the ugliness of the nineteenth-century factory and railway station and "tenement" was the ideal-system of those who built them.'

"Now, the outstanding feature of the Age of Invention was its concentration upon the external environment. Even in its attempt to improve human institutions—and the Age of Invention abounded with a multitude of proposals like those brought before the Mudfog Association, 'for the advancement of everything'—stress was laid upon fool-proof mechanical devices which could be constructed without altering the nature of the people who were going to work them, and without changing the ideal-systems these people might possess. It would be interesting to catalogue side by side the various mechanical and social devices upon which the Age of Invention based its hope for a new world. At the time that Watt was inventing the steam engine, Bentham was drawing up those coda of constitutional reform which he fairly expected to be the pillars of his immortality; and perhaps the parallel could be carried further. In one column would be the power loom, the steam engine, the electric telegraph; in the other, manhood suffrage, the joint-stock company, the eight-hour working day. I do not suggest that any of these inventions are despicable, or that a civil community would be willing to forfeit a single one. What seems to me significant, however, is that our social and mechanical inventions have still left unanswered the central problem in the control of life—what is to control the controller? This looks like a question of ideology rather than technology; and it is still, perhaps, worth discussing.

"By themselves, knowledge and invention leave a human being exactly in the same pickle in which he has been discovered, again and again, by all the great ideologists from Zarathustra to Plato, and from St. Augustine to Nietzsche. Our present existence may be described as a great incontinence of means and a perpetual abortion of ends. The fact that we have split life into two departments, the ideal and the practical, the spiritual and the temporal, is not a proof that the respect for the ideal is a cynical hypocrisy, but that we have lacked, and still lack, a method of integration. One of the reasons for this failure has lain in the fact that our instrumentalities have been concerned chiefly with 'things' and our ideologies with men; and we have been negligent of the necessity for developing a technique which could be applied to human behavior itself. Here, indeed, is the predicament. The Age of Invention contented itself with developing a monumental apparatus for controlling the outer life; while the small array of devices that existed for controlling the inner life and disciplining the personality remained largely in the hands of deliberate quacks or irrelevant mystics—the Pelmans and the Swedenborgs.

"There is a legitimate challenge to genuine science and philosophy in the personality cults, the theosophists, and the Christian Scientists that have sprung up in recent years. It is possible that these systems have something to teach us about methods of handling the human psyche and developing its powers, even though the foundation of their methods may be scientifically absurd. In response to the genuine needs which these mysticults attempt to satisfy, let science and philosophy undertake a scrupulous examination of every formulary for conduct, from the Bhagavad Ghita down to Mrs. Eddy. Let us criticize this body of data in the light of physiology and analytical psychology; and then let us see what is available for immediate consumption. Doubtless the older ideologies have been unwise in that their demands upon Falstaff and Pistol to live like Christ have kept these biological rapscallions from achieving so much as the level of Robin Hood. It is evident, however, that we have been equally stupid in putting into control of our modern political and industrial organization men who are ruthlessly ignorant of human ideals, who are obtuse to the needs of the prsonality, and who are ridiculously undisciplined to conduct which demands so much as a cubit's reach above the instinctive level. In sum, the Age of Invention awaits, in its attempt to control life, for a discipline which shall control the controller, and for an ideology which will place before the controllers humanly valuable ends. Lacking this, the Age of Invention will probably turn out to be an age of sodden dissipation; and woe to the generation that awakens to the dawn of the morning after!"

The Psychological Significance of the Pre-school Period

"The sixth-year molar is a convenient punctuation point in the development of a human being. The eruption of this first permanent molar marks the termination of the early fundamental years of human existence. These are the pre-school years. The next six years bring the child to the teens (and to his second molars), and if he passes through his elementary education at an average rate, he is then ready for a junior high school, which it will take him another six years to complete. At the age of eighteen he may be ready for college and professional training. His wisdom teeth will not have erupted ordinarily until the close of the twenty-fourth year. We have here four periods, each about six years in length.

''In a broad biological sense, these four sexennia constitute the total span of infancy—of physical and mental maturation. It is very easy to underestimate the importance of the pre-school years, particularly their psychological importance. But the very laws of growth make these the most formative of all years. The younger the creature, the more rapid is growth. When measured by percentage of increment in weight and height, the growth activity of the first six years is incomparably greater than that for any subsequent period of six years. The individual begins as a fertilized ovum weighing about half a milligram. By the time of birth the growth has been reckoned by Minot as 5,000,000 per cent. Between the ages of three and four months alone, the fetus increases fivefold. During the first five months of life, the baby doubles its weight. During the first year, there is a total gain of 200 per cent. During the next year, the gain is about 30 per cent. This rate steadily declines until by the age of six the annual increment is only 10 per cent. After six the curve of growth remains almost on a level until puberty, when there is a slight return to the earlier growth intensity.

''Now this relatively enormous physical growth involves almost from the outset the nervous system and 'the mind'. At the beginning of the fetal period, the head, with its developing brain, is in size and bulk about equal to the whole body. At birth the height of the cranium is one-fifth that of the total stature, and by the end of the pre-school period the brain has achieved very nearly its maximum weight. If we can judge at all from these physical facts, the pre-school period must be one of fundamental importance for mental growth and mental organization.

''From the educational standpoint, the conditions of the pre-school period are interesting and challenging. Legally, the pre-school child has no educational status in this country. Compulsory education does not begin to operate in most states until the age of six. The tacit assumption is that it is not an educational period at all. Psychologically, nothing could be more erroneous than such an assumption. In a certain sense the amount of mental growth that takes place in the first sexennium of life far exceeds anything that the child achieves in any subsequent period. Indeed, it may be doubted whether all of his scholastic strides taken together bulk for as much as his brilliant advance from the stage of protoplasmic vegetation at birth to the mastery of physical and personal relations—language, art, and science—that he has attained when he first slings his school bag over his shoulder. This remarkable velocity of mental development parallels the equal velocity of physical growth during these early years.

''The character of this mental development is by no means purely or preëminently intellectual. Almost from the beginning it is social, emotional, moral, and denotes the organization of a personality. The infant is not only acquiring perceptions and motor coördinations, he is acquiring attitudes toward things and persons, prejudices, inclinations, habitual preferences, inhibitions; he is incorporating modes of behavior which do not, of course, constitute a mature personality, but which psychologically are at the core of personality. On every level of behavior, the physiological, the sensori-motor, and the higher psychical, he is acquiring both healthful and unhealthful habits of activity. Though he may not learn to read in the pre-school years, he is mastering the alphabet of life. So potent are these fundamental lessons that this period easily becomes the soil of perversion, inefficiency, and distorted or curtailed development. It is natural that the new genetic psychology places great emphasis upon the influence of infancy over character formation. Psychoanalysis reveals significant instances in which unfortunate experiences in the first years of life were competent to produce abnormal behavior in adults.

''Practically all cases of mental deficiency become established and are recognizable before the age of six. Speech defects likewise. Apparently 80 per cent of cases of stuttering originate before the sixth year.

''Therefore, from the special standpoint of mental hygiene, we are compelled to recognize the importance of the pre-school years; and this standpoint is happily coming to reflect itself in public-health nursing. Nurses are widening the scope of infant-welfare work to include more definitely the mental well-being of their clients.

''I have occasionally found nurses who were under the impression that a mental examination of babies and of toddlers was impossible, and that a child must be old enough to go to school and learn something before one could determine anything regarding his mental make-up. This is the wrong view. The growth of the mind begins with birth itself, and a concern for mental health should begin as early.''—Arnold Gesell, in *The Public Health Nurse.*

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SOME ASPECTS OF EDUCATION AND TRAINING IN RELATION TO MENTAL DISORDER*

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WE ARE met to fulfil the behest of one of the most distinguished physicians of psychological medicine of recent times. Maudsley was a leader in his lifetime, and he lit a lamp for research which it is our duty and that of the generations that follow after to keep burning. He was a man with a great insight and practical withal, for he has left behind him benefactions which are endowed by his inspiration and which must live with increasing benefit to mankind. The acuteness of Maudsley's vision is demonstrated by the method in which he founded these lectures; he perceived, and perceived rightly, that mental disorder was not purely a medical problem, but that there was a lay side to it which was of vital importance, and in consequence he directed that in alternate years a scientific and a popular lecture should be given. He wrote that "there are not many natures predisposed to insanity but might be saved from it were they placed in their earliest days in exactly those circumstances and subjected to exactly that training most fitted to counteract that innate infirmity". No doubt this connotes much, and to some it may seem an overwhelming task. For it would appear to include a full appreciation of how mental disorder is brought about; what, if any, are the precursory indications; and what symptoms, when present, should be regarded as potentially dangerous to the future welfare of the mind of an individual. The inquiry is a fascinating one, and the problem can be more quickly unraveled by the working of physician, psychologist, and educationalist in close collaboration. Mental disorder unfortunately, as things are at present, becomes a medical matter only when it has advanced a considerable distance, but this must be changed, and it must be our endeavor as physicians to control its very beginning. Whilst it is right to devote time and energy to examining scientifically every means by which the recovery or the alleviation of mental disorder may be brought about and to use them to the full, in the end the return for these labors must be limited; to control its gateways and to prevent its occurrence far outrivals any treatment of disorder that has once become established. In fact, it is doubtful whether a complete recovery ever does take place in the sense that the patient is free from any scarring from the experience he has passed through. Preventive medicine is the side of medical science that is most attractive, offering as it does benefits of infinite value both to the individual and to the nation. Investigation tends more and more to establish the view that many disorders have their inception in childhood and experience confirms that this is true of the more common types of mental disturbance. It is on this account that I have decided to take as my subject for this lecture "Some Aspects of Education and Training in Relation to Mental Disorder". The term "education" will be used in its widest sense and will connote the instruction and upbringing of the child, both at home and in the school.

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Controversy has always centered round the question whether mental disorder is in the main psychogenetic or physicogenetic, and each theory has its able exponents. Experience has satisfied me that there is truth in both views and that it is unwise to disregard the potentialities of either of them. No doubt there is a mental instability in the majority of those who develop psychoneuroses or psychoses, but lowered physical health may be the final determining cause of the breakdown, and I would go even further and suggest that in many of these cases, had the bodily health remained satisfactory, no serious nervous disturbance would have occurred. We cannot separate mental and physical processes, and it would seem unwise to attempt to do so when we appreciate how strong is the evidence of the interaction that takes place between them. Therefore, in the theme before us it will be necessary to consider the child as a whole and to give due heed to both its physical and its mental development. To regard it otherwise is to fall into the error too frequently encountered which not uncommonly results in faulty diagnosis. Further, let me predicate that the infant referred to in this thesis is the apparently normal, and not one who would suggest mental enfeeblement from birth.

It is not my intention to discuss the laws of inheritance, further than to remind my hearers that, though the child tends to inherit the attributes of its parents, fortunately this is nothing more than a tendency, and to be forewarned is to be forearmed—the knowledge of any weakness can and should be used for the benefit of the child. To ignore the possibility of any known weakness developing is to court disaster, whereas to appreciate it and to take steps to lessen its influence will in many instances repay the effort that has been expended.

Our first step must be to consider if there are any mental factors whose presence is conducive to the development of mental disorder. As I am addressing an audience largely consisting of laymen, I must tell you that there are types of insanity which, like some physical diseases, are intrinsically part of the organism, and for which, with our present knowledge, little can be done either to prevent or to remedy. Fortunately these form by far the smaller group, whereas the larger includes the many that result from nerve exhaustion and emotional states. Therefore, it must be to the latter that attention should be first directed on account both of the number of cases and of the greater possibility of prophylactic measures.

Maudsley writes: "Insanities are not really so different from sanities that they need a new and special language to describe them, nor are they so separated from other nervous disorders by lines of demarcation as to render it wise to distinguish every feature of them by a special technical nomenclature. The effect of such a procedure can hardly fail to be to make artificial distinctions where divisions exist not in nature, and thus to set up barriers to true observation and inference.'' It is these artificial barriers that have in the past so encumbered the way of progress. When one appreciates that in a given individual nothing more than exaggerated and uncontrolled normal characteristics may constitute mental disorder, we realize how narrow is the margin between those whom we call the sane and the insane.

Mental evolution should take place in a definite order and within certain recognized periods and any delay should be noted, but even more important is it to watch for any regressive symptoms which may indicate a failure or a dropping back to an earlier phase in the child's life history. Unless the observer has a keen perception, he will usually miss the beginning of any regression and in this way lose valuable time. Neither must he permit himself to fall into the common error of explaining away all mental changes as matters of no importance. Symptoms may be positive in the form of some new and unwonted mental characteristic, or they may be rather of the negative type, including conditions such as apathy, inattention, and the like; they are often protective in purpose, being an effort on the part of the organism to defend itself from any undue stress.

When one reviews a large number of patients who are suffering from nerve exhaustion in varying degrees, there is one symptom that appears early and that stands out in strong relief, and that is hypersensitivity. This state is observable, not only as a physical sign in the nervous system demonstrable by various tests, but it is a condition that also affects the mental processes. It is to me the symptom of all symptoms which gives rise to many others that in time may so disturb personality as to occasion definite unsoundness of mind. Here we have a symptom that is common to many children, but that in some, by its ever-widening embrace, slowly, but surely undermines the whole mental fabric. It leads to unhealthy emotion, to preoccupation, and to false reasoning; it heightens introspection, and by its presence it aggravates all the normal characteristics of the individual; it disturbs the relationship of self to surroundings, and with this failure of adaptation a sense of inferiority or of irritation may result. It will be appreciated how baneful this hypersensitivity may become, and how by its intensity or by its duration it may injure the mental life of the individual. Nature has its own way of lessening the trying effects of heightened sensitivity, and the recording of acute sensation may suddenly cease and its place be taken by a psychical anæsthesia in which mind may become a blank or in some other way become disordered. Now if hypersensitivity can do all this, it behooves us to treat its advent with an appreciative recognition, and to bring all our knowledge to bear in an endeavor to defeat its progress. We must discover, if possible, how and why it arises, and then the conditions that favor its development, and lastly how it may be remedied or at least mitigated.

Some children are naturally hypersensitive, whereas with others the condition is acquired. Overstimulation is probably its most common cause in childhood, and this may be effected in many ways. Some children become overexcited by parties or by passing their days in unsuitable surroundings, and the harm that is being done may declare itself in irritability, querulousness, gastric upsets, or disturbed sleep. The naturally quick child is more liable to become overstimulated than the dull one, and its ease in learning delights both the parent and the teacher in instructing it. The early ability to read has an undoubted danger attached to it, for once it can do this the regulating of the time spent in the study of books can be carried out only with the coöperation of the child. During the early school days the danger of overstimulation increases, and the brilliant boy develops a new and legitimate ambition to outstrip his schoolfellows in knowledge. The result of this may be a scholarship, and from then onwards his course is fixed, and he must live up to his acquired standard, not infrequently without consideration of the injurious effect that close concentration is having upon his mental and physical health. Now it must be borne in mind that brain exhaustion is often of slow development and that it may not declare itself until school days are over, and the mental failure may be in varying degrees of severity. Some authorities hold that the real blame for the competitive system largely rests with the universities, for these seats of learning are the goal for which the boy strives and for which the parent and the master prepare the way. I cannot do better than quote Dr. Herbert B. Gray, late Headmaster of Bradfield College, who writes in his book *The Public Schools and the Empire* the following weighty words: "Most physiologists would admit that the mere fact of such competition at such an early age involves a strain more or less harmful in after life. Apart from the unnatural stimulus of the mental powers, there is the excitement of the premature competition, which is opposed to all sound biological principles. Physiology contends that overstrain in mental effort hastens the period of adolescence, whereas the more highly organized the creature, the slower is he, or he ought to be, in coming to completed growth. Scientific investigations have in fact proved that the delicate mechanism of brain structure forbids such premature efforts of brain evolution. Inductive reasoning tells the same tale. The writer has been in close touch as boy and master with public schools for forty-five years. He is, therefore, familiar with many life histories, and is at least not 'entirely ignorant of the subject'. At some of the famous schools where scholarships are most valuable, and therefore most eagerly sought after, statistics go to show that winners of such prizes have in a large proportion of instances 'tailed off' either in the stage of early adolescence or soon afterwards. The brain in all these cases is proved to have produced premature results by early forcing. Some boys have shown no lasting power after two years of continued competition at their public school; others of less delicate brain organization or otherwise more bountifully nourished 'stay' till halfway through their university course; while others of still stouter mold do not begin to fail in power until they enter the competition of outer life; but only a comparatively small percentage fulfil the promise of their earlier years. The mental growth has become stunted and shriveled; the plant atrophies, and if it brings forth fruit, it brings forth no fruit to perfection in the maturer years. It is a wasted life." I have quoted Dr. Gray fully on this matter, as his evidence is of the greatest importance, coming as it does from a man of long and wide school experience. Now what is true of the brilliant boy is true in a relative degree of others whose lessened physical stamina renders them more liable to overstimulation; defective circulation, respiratory disorders, and zymotic disease all accentuate the danger, and any one of these may be the determining factor in bringing about the collapse of an already overstrained nervous system. Further, if in addition to work the brilliant boy is also successful in games, his risks of breaking down are correspondingly increased. We are apt to forget that it is the same nervous system that serves both mind and body, and first to overstimulate it on one side and then on the other is to court disaster. I have known not a few child prodigies who have excelled in games and who have in consequence deteriorated mentally before the age of twenty. Physical fatigue may be damaging in several ways, but one of the most important is violent exercise occurring in a comparatively short space of time. I can recall the case of a young girl who developed an exhaustion delirium after running in a paper chase and who remained in a confused state for several months. I need hardly remind my hearers that such a delirium is almost certain to leave behind it a lowered nervous resistance for very many years. Children who are about to take part in any severe test of endurance should be inspected beforehand, and any who for either physical or other reasons are below their usual health standard should be debarred from the contest together with those who are constitutionally frail. The spirit of many a child far exceeds its power of physical endurance, and this high spirit may be raised even further by a powerful herd instinct which calls for an unusual effort for the good name of some school house or other school division. Further, apart from the actual physical strain, there are some forms of sport which in some young persons lead to an extreme bracing up of nervous tension. Any one may observe this in the trembling of the muscles of the young aspirant to athletic success; of course, this is in itself not harmful, but even beneficial when such effort is kept within limits, but overstimulation of the kind may be very damaging if by prolonged effort the nervous energies are overtaxed, or if even a moderate strain is placed upon a physically or nervously reduced child.

Time will not permit me to make an exhaustive inquiry into the various circumstances that give rise to hypersensitivity, for the causes are numerous, including as they do physical diseases and disorders, defective sleep, and the overaction of various mind processes. On the other hand, its existence is easy of discernment, and its influence on the growing organism should not be overlooked. I am fully aware that there will be critics who will point to the mental hospitals that draw their patients from the country village and say that these cannot be the victims of overstimulation. But surely this is no answer, for the problem of mental disorder in the town is not necessarily that of the country and we find conditions in the rural districts that are rare in the urban. Intermarriage, with all its degenerating influences, is rife in villages compared with cities, and again a narrowed life has a deteriorating influence of its own.

Failure of power to concentrate attention is quite one of the earliest symptoms of overstimulation and exhaustion, and the symptom should be quickly discernible in the child. Attention is one of the attributes of normal mind which appears when the normal child reaches a certain age, and if it fails to develop, the faculty for acquiring knowledge is correspondingly diminished, the totally inattentive child being uneducable. On the other hand, if the capacity to attend has once been acquired, to lose it indicates a regression and its import must not be lost sight of. Nevertheless, the loss of power of concentration is of value as a means of protecting the nervous system from mental work that might be harmful to it. Unfortunately this symptom rarely secures the recognition it demands, and it is this failure to observe and understand that leads to the development of more serious disorder in later life.

Again, as overstimulation may in time give rise to inertness, it is necessary to refer to laziness. Owing to the untrained outlook of the lay mind, mental attitudes are apt to be classified in one category without any distinction as to how and why that attitude has come about. ''A lazy child is a lazy child'', and too often that ends the investigation, and this verdict having been reached, the sentence is passed in due course. But laziness is a proper mental reaction to a definite debilitated state of mind, and to ignore it or to punish for it would be considered little removed from cruelty if the real circumstances were known. To appreciate the pathological significance of laziness, it is only necessary to read the term reports of a number of school children and to note how frequently we read that this child and that has shown indifference and inattention to his studies during the latter part of the term, and for this he comes in for condemnation. Yet in many cases the condemnation, if any is to be allotted, should be on the writer of this report for his lack of insight and knowledge of mind and its working. In support of my statement I will again quote Dr. Herbert Gray, who writes: "Every schoolmaster knows that the most productive work of the term is done during the first half of it, and that both masters and industrious boys 'tail off' in energy about the ninth week through sheer brain fag." That this is true there is ample evidence, but that it should be permitted to continue is less easy to understand. It cannot be argued that "brain fag" is a benign state even in the adult, but to produce it in the plastic nervous system of the growing child is little short of culpable, and to prevent it must lessen the incidence of nervous and mental disturbances. When laziness is to be observed, search for any legitimate causes that may be giving rise to it, and only find fault or punish when these have been eliminated. It is, unfortunately, more common to condemn first, and only when correction has failed to produce the desired results, to investigate in other directions. To follow such a course not only increases the mental damage to the child, but it injures personality by establishing a sense of inferiority in the good and a callous indifference in the bad.

As defective sleep is a common cause of the development of hypersensitivity, it will be well to consider it before we leave this subject. All living organisms require proper time for repose, and it is safer to permit of a longer rather than a shorter one, especially during the early and growing years of childhood. The child should be trained to sleep during the day if possible until it reaches the age of five, and to neglect this part of the training not infrequently permits of too rapid development which brings with it restlessness and overstimulation. Children up to the age of sixteen should have at least ten hours' sleep, and from sixteen to twenty, nine hours should be allotted for rest. When considering sleep, it is necessary to give weight to the quality as well as the quantity. A restless sleep, full of dreams and broken by nightmares, is unrefreshing and indicates an unsatisfactory condition of health, and the child who persistently exhibits such symptoms is not in a fit state for the ordinary work of school. The nervously overstimulated child fails to sleep, and when this happens, it indicates that the organic side of life is being disturbed, and this will shortly declare itself in loss of body weight and other symptoms if steps are not taken to correct it. Again, sleep is rhythmic, and it can easily be broken by interrupting the rhythmic habit by evening dances, theaters, and the like. There is little doubt that some parents permit of serious damage to their children by giving them this type of pleasure. Broken sleep is not easily reëstablished, and even at best, once it has been disturbed in this way, it is easy to relapse into a sleepless state again. Evening school preparation work has always seemed to me to be of doubtful value, and it is definitely harmful to some children. The work before retiring to bed should be of the lightest, and probably in time we shall see with advantage the hours after tea being devoted to light lectures or instructive games. Some schools are open to criticism for the way that the younger boys are disturbed by the older ones as they go to bed at a later hour. The nervous apparatus for hearing must always be active and alert, as it is largely on this special sense that the sleeping person relies for warning of impending danger. If you doubt this, watch the restless movements that are produced in a sleeping infant by sudden sounds, and these movements are the translation of sensation into action. Some children are definitely awakened, others merely disturbed, by sound, but practically all must be affected by it. Further, sudden noises not only awaken, but startle some persons—this is known to all anæsthetists—and the disturbance created may not quickly subside. Therefore, this matter is of practical importance and cannot be brushed aside as a frivolous observation. For a time some children, like some adults, do not appear to suffer from defective or deficient sleep, but because there is no gross objective sign it does not necessarily follow that deterioration is not taking place, and experience teaches that it is the wiser course to treat the condition seriously rather than to venture a hazard that all will be well. Broken sleep of short standing can easily be remedied, but if once established, it is a far more difficult proposition.

I will now proceed to consider emotion. We owe to Déjerine a debt of gratitude for the emphasis he has laid on this attribute of mind and how it may affect the mental health. Every one knows how devastating is passion and how exhausted it leaves the subject who has been enduring it. But emotion exists in varying degrees, and although in its more severe forms its physical concomitants of pallor, flushing, tears, tremors, and the like are in evidence, some of the more subtle types are less easy of discernment owing to the apparent absence of somatic signs, and yet they may be working steady and untold havoc. Emotion becomes attached to ideas and groups of ideas, and if the emotion is an unhappy or unpleasant one, it very readily leads to a "preoccupation" which may slowly absorb attention until it seems to fill the whole field of thought. "Dreads" and "fears" belong to this order and these are not uncommon in childhood. Many fears are unreasonable, but this does not lessen their power, and the inability to drive them away is both depressing and terrifying to the sufferer. He must be helped by a sympathetic and philosophic understanding. Unless relieved, a fear of this kind may affect the sleep and produce bodily disturbances and lessen mental activities by setting up a hyperattention on one subject, instead of the normal state of being able to turn the attention in any direction. Now emotion of this or a similar kind may result in the development of a sense of inferiority—a feeling of being unlike others. When this takes place, introspection begins to play an important part. The healthy mind is largely extroverted; thoughts are projected outwards, but in certain morbid emotional states the process is reversed and everything is turned inwards. This leads to unhealthy reasoning; it interferes with the relationship of the child to others and not infrequently results in a solitary existence. The child who has formerly been fond of companionship and who in course of time becomes lonesome is usually evoluting into an abnormal mental state, and every effort should be made to clear away the difficulties. Unless this can be done, the morbid outlook, which at first is scarcely discernible, becomes, over extended time, a factor of such importance that life is almost unbearable. For this feeling of inferiority gives rise to suspicions, ideas of persecution, and resentment, any of which are factors of no mean importance in the mental make-up of an individual. Some children develop this sense of inferiority from being laughed at by their schoolfellows. I do not wish to convey that "chaffing" is not in the main a healthy mental exercise, but it may stultify, if not worse, the intellectual growth of some children, and it is these whom we ought to save if we observe as we should do. I have heard a well-known training officer in the army say that a man who was "gun shy" and who was clumsy at games has ultimately excelled in shooting and in sport by steady encouragement, whereas experience has shown that were this not given him and were he allowed to be unduly chaffed, he would drift, as many have drifted, into a solitary, useless person, full of grievances. Remember that mind is never stationary and in the course of evolution factors that are of small moment to-day may in time become of absorbing importance. Maudsley recognized this, for in speaking of extreme shyness which is the unfortunate disqualification of some nervous temperaments, he writes: "Only those who have it can know how sore an affliction it is and how great a let and hindrance to them through life. Nay, it sometimes wrecks a life. For as the unamiable proclivity of mankind, as of other animals, is to set upon and persecute any individual of the species which differs from the conventional type, it happens that when a nervously sensitive and shy boy is sent to school, he is teased and bullied there because he is not like other boys. If he meets with no one to understand him, to show him sympathy and kindness, he gets more and more estranged from his fellows, more and more he feels himself a peculiar and separate being, suffers, mopes, and pines in solitude, and in the end is so shattered mentally, perhaps, as never in after life to get over the injury which has been done to him.'' Those who have children in their keeping and who believe that boys are best left to themselves to find their own places among their fellows, to statements such as I have just read make answer, ''Yes, we know all this, but the few must suffer for the good of the majority.'' My reply must be, ''Is this necessary?'' The educationalist does not keep back the brilliant child; he bestows upon him his special attention for reasons that are obvious. My experience goes to show that the rewards will be as great for a more careful study of other types.

Repression is a mechanism that has attracted increasing attention with the advent of what is commonly spoken of as the new psychology. Freud laid down that forgetting is not necessarily a negative process, but a positive one, and that experiences of an unpleasant character do not fade away with time, but are definitely repressed out of consciousness. This is probably only partially true; some natures undoubtedly have to treat unpleasant experiences in this way, but many do not do so. Freud realized that there must always be a danger of a conflict taking place between the primitive instincts and the demands of the community, and further that a termination of such a conflict may only be possible by the active repression of the former, which usually entails emotion and is in consequence fraught with danger. If the individual is successful in fully repressing the unpleasant experience, it passes out of the realm of consciousness; nevertheless Freud has shown that it may remain as a dissociated portion of the mind, with the potentiality of becoming active under certain conditions on account of the original emotion attached to it. According to Freud and others, its harmful effect is in the amnesia (loss of memory) occasioned by it. Wingfield, in his book on hypnotism, lays special stress upon the preceding emotional state of a repressed painful experience. He gives instances in support of his view that the emotion always precedes the rising of the repressed thought into consciousness, and thus the emotion leads to an automatic shutting out of the incident until in time it is entirely forgotten, the emotion alone remaining. On the other hand, there is no doubt that many so-called repressions are not fully repressed, but remain more in the realm of consciousness than some authorities would suggest, but nevertheless they have a very wearing effect upon the nervous system and in the course of time begin to have a deleterious effect upon the mind of the individual. Repression takes place during all ages, but the struggle with authority is more common during certain periods of childhood and the damaging effect of a conflict is more serious upon the growing, plastic brain of the young. That Freud was wrong in believing that most of these repressed complexes were sexual in character is becoming increasingly evident, and I have long felt that when this is dropped as an intrinsic part of the Freudian theory, the latter will greatly benefit. To me Freud's teaching is valuable, not in its methods of psychoanalytical treatment, but because it emphasizes an important factor that had been overlooked—how conflict, with subsequent repression, may injure the mind. The knowledge of this alone must make parents and educationalists pause for reflection and to examine whether their attitude toward the young in their charge is in accordance with it. It is not my intention to convey that all repression is harmful, for indeed repression is a normal mental process, but like the "will", some persons try to use it for unsuitable purposes. Repressions that are harmful usually tend to center round some morbid thought or some particularly disturbing experience. It is the psychological atmosphere in which the child develops that leaves its mark upon its future life, and therefore its later welfare is dependent upon those conflicts, repressions, and any other mental conditions that lead to unrest being especially guarded against. If this were fully known and appreciated, I believe that greater consideration would be given to the conduct of the home. Children, and especially the sensitive ones, are far more perceptive than many adults give credit to; they note the gesture, the conduct, and the language of those about them and they rationalize in an elemental way, but it is none the less leaving its impress on their evoluting minds. Further, it is all-important to bear in remembrance that it is not the subjects which are freely talked about by the child that are usually harmful, but those upon which he introspects in silence. To the observant person gesture language will convey as much, if not more, than words, and no one can claim to be an efficient trainer of children unless he is equipped with the faculty of reading it. Words may be misleading, but gesture is seldom so, for the latter is complex and is the outward and visible sign of inward sensation and emotion. As Maudsley once wrote: "What is mind-reading, but muscle-reading through movements so fine as to be discernible only by a practised sensibility?" Every adult knows the effect exercised by the environment of an unrestful house, and its influence upon a child must be infinitely greater. And when to unrest there is added apprehension or definite fear, it does not call for a great effort of the imagination to appreciate the damage that is being done. The undisciplined man is a burden to himself and a thorn in the side of his fellows, but the child who has to live with him is in danger of mental ruin. This may appear to be forcible language, but thirty years of experience of nerve work forbids me to soften it. The greatest hope for the lessening of the incidence of mental disorder lies in a fuller awakening to the duties of the parent to the child. There is one thing that the state can never effectually perform and that is the office of parent, and those who wish that it should do so either have a very small insight into what is really meant by parental care, or they must feel that the thoughtfulness of the average parent is such that the child is safer out of his keeping. Had we but the vision to see, there is no reason why either of these views should remain active, but to escape from them there is only one way, and that is to increase the sense of responsibility of the parents and not to lessen it; otherwise the natural consequences must follow. Those who call for larger families without seeing that the parents who have them appreciate their duties are incurring a grave responsibility. The stability and happiness of the mass are the combined effect of these virtues in the individual, and it is to parental care that we must look to lay their foundations.

The child who is naturally repressed is without doubt more difficult to train than the one whose temperament is open and frank. It is less easy to understand and is usually more resentful of interference, and for this latter reason punishment not infrequently does more harm than good unless it is carried out with great circumspection. On the other hand, such a child may develop into a fine character if training has been judicious, for it is often capable of much reasoning power and its intelligence may be above its years. When and in what way to punish the child become problems of increasing perplexity as more is known of the working of mind. The crude rule-of-thumb methods of the past must be more and more challenged. We now know that in apparently correcting a fault we may damage the mental development of the child unless we keep this actively in mind when meting out the sentence. Take, for example, the matter of corporal punishment. In referring to this I do not wish to be misunderstood; I am not one of those who believe that all punishment is wrong, for whilst human nature is what it is, punishment in some form or other will be necessary. My criticism is that it is too often administered according to tradition and custom rather than by the exercise of a wise judgment. For example, it is difficult to understand how caning and corporal punishment are so commonly left in the hands of prefects, whose knowledge of mind development must be nonexistent, and this being the case, it is the crime that is punished and not the author of it, and the effect that it may have upon the latter is left on the lap of the gods. I have known of a young boy caned by prefects several times in his first term for minor offenses until finally he ran away in a high state of nervous excitement, and this at one of our best public schools. Such treatment may claim to make some boys into fine men, but undoubtedly it also causes some to become nervous wrecks, and I cannot help feeling that it ought not to surpass the wit of man to evolve some scheme of punishment that would have all the benefits of the present system and less of the disadvantages. Government by prefects has, when properly carried out, a highly beneficial effect upon a school, but duties should not be imposed upon them which are clearly beyond their powers of full appreciation. Dr. Herbert Gray, in writing on corporal punishment, says that he has "no hesitation in maintaining that it should be confined, when administered at all, to offenses of a moral or quasi-moral character, such as lying, cheating, evil language, and misconduct of a similar type". Now that it is known how damaging is emotional shock to some individuals—and this must be more likely to occur in a child—it behooves those in authority to resurvey the grounds for and the methods of administration of corporal punishment from the psychological standpoint. I am not aware to what extent the writing of ''lines'' is still practiced in schools, but it is a form of punishment to which there are serious objections. To write out hundreds of ''lines'' is to fatigue the hand center, in addition to other parts of the nervous system, and when it is imposed for ''inattention'', which may be due to brain fag, the result is obvious. Speed alone in a mental exercise is exceptionally fatiguing, and what boy does not write his ''lines'' with the greatest dispatch at his command, and what master does not know this, for does he not intend to keep the boy at it for a definite time, and to do this must he not be guided by possible pace rather than by slowness? I know that many school authorities are taking a more scientific outlook in the treatment of delinquents, but much has yet to be done, for traditions die hard, and it is apt to be said that ''what was good enough for us is good enough for the boys of to-day''.

There is another type of child to which I might refer, not because of the frequency with which it is met, but rather on account of the very damaging effect it usually has upon its fellows. Fearlessness is an attribute that rightly holds a high place in character, but like all virtues, it may lose its value unless it is tempered by judgment. To train a child to be fearless unless at the same time it is acquiring experience is to court very definite danger. The fearless child becomes independent above its years, and with independence it may develop a dictatorial and bullying spirit. Many of these children, when puberty is over, pay less and less heed to authority and become quite insensible to kindness or severity, and not a few fall into the hands of the police for breaking the law. This all goes to prove that mind development should be a homogeneous whole, and although interest and aptitude may tend to quicken growth in certain directions, these tendencies must be watched and kept within reasonable limits.

During recent years much has been written regarding phantasy—not that it was a fresh discovery, but on account of its place in the new psychology. Now make-believe is a normal characteristic in all young children, but some have it much more fully developed than others, and these are usually the sensitive type. As with reality, there are two large classes of phantasy: the one includes all that stands for brightness and happiness and the other all that is ugly and forbidding. That the latter should play so formidable a part in the child's story and picture book has always been an enigma to me, for to the sensitive child it may do much harm and its power for good must be very small. Nevertheless, phantasy is good, as it smooths the path of the child on its way to the stern realities of life. Whatever its troubles, it can soon forget them in the land of fairies. But as years pass, it is necessary for phantasy to be slowly replaced by realities, and it is incumbent upon the teacher to prepare the way for this transition. Realities must not be made too hard, otherwise the child is driven back into phantasy, or in silence it may fret until the rising emotion shows itself in varied forms of nervous disturbance, or if it is made of tougher material, it may slowly harden into an attitude of careless indifference or open rebellion. One child easily slides over the difficulties that mark the opening years of its life, whereas another requires help, and it is urgent that this help should be given. What I have already described as a wise, philosophic, yet sympathetic understanding is what is called for, and not the enervating, "sloppy" sympathy which is apt to be given, interspersed from time to time with an undisciplined display of irritability.

Although phantasy is a marked feature of the mind during early childhood, it may persist or reappear in the later school days. If so, it will call for inquiry as to why it is there. The adult has his day-dreams, but they ought merely to be an outgrowth of reality—a visualizing of some ambition that is as yet far off, but the contemplation of which affords encouragement in the present and a vision of hope for the future. On the other hand, phantasy that has no normal relationship to life indicates that an older child has either regressed or that his mind is not developing normally. At this point I may be met by those who believe that "self-expression", in whatever form it may take, is the factor of overwhelming importance throughout a child's life, and that what some may regard as phantasy is nothing more than the unfolding of a creative mind, which may easily be stunted by careless handling or failure to appreciate the condition in its true light. I agree, as I suppose most would agree, that self-expression has been sadly neglected in the past and that schools have been conducted to meet the requirements of a standardized child which, to avoid any difficulties in differentiation, has been termed the normal child. Those whose mentality did not permit of their fitting into this charmed circle either risked becoming chronic failures, or, having weathered the contempt to which they may have been exposed in early life, have developed, when once freed from the system, into successful men in whatever sphere of work they may have taken up. But because "self-expression" has been a neglected factor in the past, there is no reason why it should be granted too free a place in the education of the future. Sooner or later the instinctive impulses of the child must meet and, if untrained and unconditioned, must clash with the social régime; he is unable to free himself from the herd. What he thinks of others and what they think of him are musings which, if allowed to run riot, may entail his downfall, but if rightly directed, may lead to the development of a character where self is almost lost in interest for others. It is this adjusting to the demands of the herd that is often so difficult, and when one appreciates what it means, the adaptation of an ever-changing being to an equally kaleidoscopic world, it is remarkable that misfits are not more common. But apart from actual misfits, we are still far behind in what could be done to make the best of life and to equip the young for the work that they have to do. The normal child is extroverted, and if introversion is noted, every care must be taken to develop its ease of expression. It is frequently the sensitive child who is introverted, and he may otherwise be one who is endowed above the usual with powers of perception, and, given suitable care and training, is often capable of fine development. If, on the other hand, by any misfortune he finds himself under the care of unimaginative and commonplace persons, his life will become increasingly cramped by the conflicts within and the cruel pressure from without. Nothing is more tragic than to see the introverted child suffering mental anguish more exquisite than physical pain, and in consequence closing the way to mental development, and in many cases all because it is not understood. But a child may be too extroverted, and in this case also its mental future is in jeopardy, but in a different way. Its danger is in the limelight, and in an undue appraisement of its ability. If its fiber is tough, it may at first trample its way through or over the herd until it ultimately breaks down, a victim of its own conceit. Nevertheless, if the dangers of such a child are appreciated early enough and if it is handled with judgment, it will be found in many ways one who is more easily led than the introverted one; but time is against the teacher, and once puberty is reached, the task becomes infinitely more difficult.

As childhood advances, all the natural instinctive impulses must become conditioned, and by this we mean that experience must modify them. Impulse is an unconditioned reflex, whereas a volitional act is an action that has been toned by experience to the environment in which we live. The instinctive impulse of a man who is exposed to danger is to run away, but training and experience teach the soldier that this is contrary to the opinion of the herd, and in consequence the fundamental law of self-preservation is conditioned and annulled by the dictates of the social order. Untruthfulness and other moral delinquencies belong to this category, but just as many men who ultimately turn out to be trustworthy soldiers cannot be trained by any intensive system, similarly certain children require long and careful handling. By harshness the normal sensitive child may become confirmed in its lying, for falsehood is a defense of the fearful, and once it is consciously established, it becomes an active detrimental factor in its future mental welfare.

In this way we reach what is and ever must be the goal of all mind training—self-discipline. By this I do not mean a mere clicking of heels to authority, right as this may be in its proper place, but true discipline, connoting the right proportional working of all the attributes of mind in an even way. The undisciplined nervous system is one that reacts impulsively and violently on slight provocation. Persons who are undisciplined and querulous not infrequently vent their displeasure in spiteful acts; they are highly unreliable, and yet they may be possessed of a personal charm that throws their defects into singular relief. There is no unhappier state than that of instability when a man finds himself reacting abnormally to thought and environment. Ultimately he finds that there is no place for him in the world, and rationalize as he may that his so-called undisciplined outlook is a proper reaction to an unfriendly community, his own uncontrolled language and actions alienate him from the herd. Many of these individuals end their days in mental hospitals, their nervous system having finally broken down under the strain of contending with men and things, and yet, when carefully analyzed from the psychological standpoint, there can be discovered no intrinsic reason why such a state of mental unsoundness should have been brought about, had reasonable care and supervision directed the earlier years of their life. All children are undisciplined, and though the majority acquire controls by the education and training that they receive, some lag behind in gaining them. The child that does not become disciplined at the usual age is often quite intelligent and may even attain to a high standard of knowledge, but when a child shows defects in the matter of control, it is necessary to focus the immediate training upon these defects, for knowledge is useless to the possessor of an unbalanced mind; far wiser is it first to obtain stability and then to impart knowledge. The irritable child, like the irritable man, must not be regarded as in good mental health, but the brain of an adult takes longer to damage, and although it is true that each outburst of irritability is gradually undermining the mental power of the man, its effect upon the plastic, growing brain of the child is vastly more injurious. Further, the child forms habits with extraordinary ease, and once established, they are infinitely difficult to displace. Discipline is not a product of short training, for it is not elemental; its component parts are highly complex, and in consequence its development is slow and subtle, but once established, its reward is stability, and it protects its possessor from the effects of undue strain of conflicts within and irritation from without. As we acquire knowledge, thoughts and acts that at first were accompanied by a feeling of effort grow to be automatic. Right thoughts should become associated with proper actions. Sound experience means that we instinctively do the right thing at the right moment; the adult mind should be stored with judgments that have been tested by experience and can be called up more or less automatically when occasion requires it. It is not the knowledge that we have acquired that counts so much as with what other things this knowledge is associated. The knowledge of finance associated with extravagant or penurious thoughts is of ill value; cleverness and much learning when associated with conceit are singularly unattractive; business capacity when associated with an intolerance for others often is a valueless possession. When we come to test a man's endurance or what he has made of his life, it is rarely pure learning, it is knowledge added to something else that gives it its value, and it is this "something else" that either makes or mars the history of that life. It is outside the purpose of this lecture to discuss all that goes to make character, but just as the good morale of troops keeps an army in a high state of efficiency, so with the individual it is the fundamentals that count.

It is remarkable what apparently insignificant factors may so increase the burdens of life that, starting as a small nucleus, they may form a center which in course of years may collect round it other factors until the cumulative effect is greatly to disturb the mental equilibrium of the individual. What for want of a better term may be called "sloppy-mindedness" is an example of this. Some parents give so little heed to the future welfare of their offspring that they bring them up indifferent to principles and untidy in thought and action. The innate intelligence of the child may permit of its acquiring knowledge maybe above its fellows, and when it starts on its life work, all goes well until responsibilities have to be accepted. It is then that the "sloppy-minded" training begins to tell, for it may and often does so handicap the man's progress that troubles which might easily have been prevented overtake him, and these and the unhappiness that is associated with them become so disturbing as to render him a mentally broken and disappointed man. There is another group of cases that are particularly sad, as they often involve the break-up of a life that from the earliest of days has been devoted to close application to work; this group includes those who have arisen from the ranks and who, through scholarship or unceasing study, have acquired some good position, only to find that their personality is unsuited for the post. The issues of life cannot and must not be lightly faced; phrases like "equal opportunities for all" have a fascinating sound to the uncritical mind, but if you carry this assumed truth into general practice, your kindly attention will bring about the mental downfall of many of those whom you intended to help. The tendency of the age is to standardize everything, but when this system is carried into the management of human affairs, the results cannot but be disastrous. Although it may be true that men whose mental capacity is nearly equal can be arranged in groups, and although, further, it is true that a certain number may be capable of being transferred from lower to much higher grades, the majority must be content to move within narrow limits. Evolution is at all times slow, and to attempt to hasten it is not only unwise, but disappointing. The natural laws plow on with an unmerciful regularity, forever heedless of the ever-changing fashions in the opinions of men. It is proper to see that the want neither of money nor of position should stand in the way of the advancement of those whose natural gifts permit of this, but to regard it as the normal right of the majority is to think a vain thing. I know that my critics will say that this is precisely the difficulty—to know who has natural gifts and how such can be gauged. To these my reply must be that this is the duty of the educationalist, for he must search until he finds some reliable test that will decide this problem, but to attempt what some would have us do—give all a standard chance—is too wasteful in practice and too hurtful to those who fail. The problem is full of perplexities, and no doubt there are many who are striving to find the right solution, but unfortunately the claimants who demand to be heard are many, and each regards the proposition with a distinct bias of his own. There is first the parent who sees in his offspring qualities that, if given opportunity, are pregnant with possibilities; and next the schoolmaster, kindly and hopeful, fully aware of the limitations of his pupil, but always ready to give him the benefit of any doubt. Next in order comes the array of examiners and school inspectors, men whose outlook is largely concerned with a standard of knowledge, the human element entering into the scheme only as a means of expressing that knowledge. Next come the universities and great seats of learning, whose duty it is to indicate the educational needs of men and to hold out as their highest aim, irrespective of individual characteristics, the attainment of pure scholarship. Finally we come to the legislature, the mouthpiece of popular opinion, who are willing to fling education into the maelstrom of political notions, careless of the effect so long as it appeals to the masses and in consequence strengthens some party at the polls. If only each claimant would wholeheartedly view the proposition from the standpoint of the child and his future welfare and put away from his mind all other considerations, the problem should be capable of a right solution.

Psychological medicine has been progressing rapidly during recent years, and with this one of the most satisfactory features is that the word "mental" is being used more and more freely with reference to normal individuals. At one time any reference to a mental state had a terrifying effect upon the lay mind, and it is all to the good to find that the public is learning that mental processes are common to the normal as well as to the abnormal. We now await the time when the legislature will show its appreciation of the advance that has been made by relaxing the law so that the knowledge that has been acquired may be the more readily used for the benefit of the people. In the meantime we must go on teaching that the mental health of the nation is largely dependent upon a widespread knowledge of the requirements for keeping a mind in health. The position is in every way comparable to the problem of attaining a high standard of physical fitness. The onus must ultimately rest with the people; the medical profession can but point the way. If the present writing on the wall is correct—that the early years of life are the important years for determining the stability of the mind of the adult—it behooves us to put this knowledge into practice. The country is learning that the greatest asset of a nation is good health and that a small number of A1 men count for infinitely more than a crowd of the C3 class. To attain this end we must look to education, not merely from the narrower standpoint of learning, but where learning is superimposed upon a stable mind. I would close, as I began, on a note of hopefulness. The criticism that is often made against prophylactic measures is that it is pure hypothesis to say that such and such a condition might have arisen, and that the claims of having prevented it are in consequence mere assumption. We at least shall be free from such uncertainty, for we shall be able to point to fewer and less populated mental hospitals. We know that this result can be attained, even with our present knowledge, and all we ask is that those restrictions which hinder us should be removed, and that the lay public should bear in mind that mental disorder is rarely of sudden development and that much more can be done to prevent it than they at present appreciate. For ourselves, we who work in the sphere of mental medicine must keep widening and ever widening our vision as our knowledge advances. In our struggle to repair disease, we must not lose sight of the other matters that belong to our inheritance, for our work has no narrow scope, covering, as it does, all that appertains to the mind of man.

THE MENTAL TESTS OF A SUPERIOR CHILD

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USUALLY, if a teacher believes that a child is mentally incapable of doing the work of her grade, she asks for a "Binet". When she receives a report that the child is 60 per cent *below* normal in intelligence, she says slowly and emphatically, "I thought so", and confidently takes measures to have him transferred to a class whose work is better adapted to his stunted intelligence. But suppose there is another child whom the teacher considers "bright enough", but who is doing rather poor work. Later she receives his Binet score, which shows an intelligence of 60 per cent *above* normal. Instantly she is up in arms. "I can't believe it", she argues. "I've taught twenty-one years and I ought to know. Why, he can't even get high marks in *this* grade!"

The above paragraph introduces a popular theme—namely, the dissatisfaction experienced by school authorities when their professional judgment comes into conflict with psychological tests. The following is a short, true story illustrating that theme.

The story is about Tom,[1] eight years of age and in the third grade, A section, of one of the Twin City schools in the year 1921. In this grade he was specializing in the formation of three habits: namely (1) obtaining low marks, (2) disliking school, and (3) "feeling sick" in the morning with recovery about noon.

Tom's mother, before marriage to a professional man of ability, had been a teacher in the elementary grades. She had subsequently taken advanced work in mental measurements and had kept pace with the newer trends in elementary education. In view of these experiences, she had always felt sure that Tom, the oldest of five children, was above the average mentally, though how much she could not say. She suggested to the school authorities, therefore, that Tom receive extra promotion, but was advised that nothing could be done until he had had a mental test.

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[1] Fictitious name.

The crucial day arrived. Tom was sent over to a school where mental tests were being given in the third grade. He took the Haggerty Delta 1, a group intelligence test for the grades from one to three, and scored 64 points, 6 points *below* the norm set for third-graders. He was classified as "slightly below normal". Tom's mother was literally dumbfounded. What kind of a "mental test" had the boy taken! So she went to the psychological examiner who had given the test and suggested that he give an individual examination to check results. He was very busy and referred her to the university psycho-educational clinic.

The examiner at the university clinic gave the Stanford-Binet examination, brief scale, and found, in contrast to Tom's chronological age of eight years and seven months, a mental age of 15 years, 9 months, with an intelligence quotient of 183—one of the three highest quotients obtained at the clinic during a period of four years. No wonder that Tom was forming undesirable habits in the third grade! He had the mental development of a high-school boy, and what high-school boy would deign to exert himself if confronted with the "baby work" of a third grade?

To put it in terms of the Binet test, could Tom, with his superior capacity, be expected to adjust himself to third-grade work when he was able to respond correctly to the induction test in Year XIV, or to explain easily the "lessons the fables teach" in Year XVI? It is a question whether the teacher of the grade could do better than Tom in recalling the passage in Year XVIII. Tom's reply was:

> "Many opinions have been given on value of life. Some are good and some are bad. The correct thing would say it was med. . . . For our happiness is never as great as we should like and our misfortunes are never as great as our enemies would like them. So it is this med. . . . which keeps things from being unjust." (He explained correctly the meaning of the word "mediocrity", but he could not say it.)

Tom also did the second and third ingenuity problems in Year XVIII after the first had been explained to him.

Furthermore, Tom had a cheerful smile. He carried himself erect and showed to advantage a fine physical build. He admitted frankly that he intended to be a ‘‘prize fighter’’ and to this end was developing ‘‘hard muscle’’ by systematic exercises and special stunts on a pole planted in his back yard. ‘‘I can ‘chin’ seven times’’, he confided. The mother confirmed this and added that he was reading Mark Twain, although she wondered—oh, subtle inquiry!—how he could understand and enjoy this author and yet not do good work in the third-grade reader.

Joyfully the result of Tom’s Binet was communicated to the school psychologist. In response came the chilling comment that Tom must have been coached by his mother. Personally the university examiner was willing to take oath that, irrespective of any possible coaching, Tom was by nature a superior child. But he recalled Tom for further examination.

At the second visit to the clinic, Tom’s mother frankly explained to the examiner that she had been told that she had coached Tom in the Binet, but that this was not true since, in the first place she had never worked with the Stanford-Binet, and in the second place she was aware that should she coach him, he might temporarily be advanced, only sooner or later to be set back in disgrace.

At the second clinic session, for purposes of comparison, the Haggerty Delta 2 was given. This is a group intelligence examination for the grades from three to nine and consequently much more difficult than the Delta 1 for grades from one to three, in which Tom had scored slightly *below the norm.* In the Delta 2 he scored 91 points, 4 points *above the age norm for the representative thirteen-year-old child.* The Haggerty sixth-grade mental-ability norm comprises 96 points; hence Tom might well have been working in the sixth grade.

Explanation of the causes of this discrepancy between the two test results is difficult. It may lie, however, in the fact that in the Delta 1 two of the tests have to do with *similarities* and *differences.* For instance, in Exercise 12 there are twenty-five pairs of words with the instructions: ‘‘If the two words mean the same, put an S between them. If they mean as different as can be, put a D between them.’’ The mother commented that her son had been trained to differentiate clearly between words and that his appreciation of shades of meanings was exceptional, the child sometimes correcting his parents in their use of words. So when the examination called for an S or a D for ''sad . . . sorry'', he put a D, since to him the condition of being *sad* was quite different from that of being *sorry.* In the same way he marked ''climb . . . ascend'' with a D instead of with the correct letter S. In fact, examination of the test blank showed that Tom had actually achieved exceptionally low scores on these particular tests. Whatever the explanation, however, the results of the Delta 1 and the Delta 2 are truly interesting because they show that a primary test may fail to measure properly a ''primary'' child of exceptionally superior intelligence and training.

The second test given was the Army Performance Test, brief scale, standardized for adults. Obviously this was not a fair test for a boy of eight, but the examiner was interested to see what he would do with this kind of material. Tom made a total of 179.3 points, equivalent to a mental age of 12 years and 6 months. He did the ship puzzle perfectly in 38 seconds, the feature-profile perfectly in 67 seconds, the maze tests with a total of 22 points raw score (total possible raw score being 32 points), and 7 series in the cube imitation. His achievements in the triangle and diagonal tests in the Pintner-Paterson series were 100 per cent correct and done in 45 seconds and 20 seconds respectively.

The next move was to send a report of the three intelligence tests given at the university clinic to the principal of the school that Tom attended. In this communication the examiner used his best technique, being aware from experience of the touchiness of some principals in regard to ''outside interference''. It was suggested in the letter that Tom be allowed to try the fifth grade.

No answer to this two-page letter was ever received. The mother waited a week for the expected telephone call from the principal, then visited the school to make inquiries. At the school she was told by the principal, ''We are not taking orders from the University of Minnesota.'' Tom's mother then inquired whether Tom was considered intelligent in school. The answer was, Yes, in literature, in which he can have coaching at home; in arithmetic he is poor! In short, nothing could be done. Not even authorities "higher up" would yield an inch. Tom would stay in the third grade, "where he belongs". The situation paralleled a stone wall—solid, hard, unresponsive, cold.

Frankly speaking, is this a unique situation? Should we not hear more about the *failure of school officials* to coöperate with children and parents? We hear enough about parents who do not "coöperate" with school authorities or who are irrational in their criticism of the school. And how about the resultant effect upon the "morale" and "mental health" of the child and his parents?

Tom's mother made a final effort. She decided to put Tom in another school, where individual mental tests were given and their results sanely interpreted and acted upon. Previous to her petition for this transfer, however, Tom was taken to the school and given the Kuhlmann intelligence examination by another university examiner. In this test he obtained a mental age of 11 years, 7½ months, and an intelligence quotient of 133. The discrepancy of fifty points between the Stanford-Binet and the Kuhlmann test, even taking into account that the former was the brief scale, is difficult to explain. Irrespective of this difference, however, on the basis of the Kuhlmann test, the examiner commented that Tom was *superior* and might well skip to the fifth or sixth grade.

Reinforced by this *fourth* bit of evidence regarding the general "mental level" of her child, the mother went again to high authority and demanded that something be done. Finally, after due deliberation, she was told that at the end of the quarter Tom might enter 5B in the school he was attending. "But why wait until the end of the quarter?" the parent argued. And so it happened that Tom entered 5B the very next day.

The story continues as any one who understands the "superior" child could have predicted in the beginning. Although Tom had entered the fifth grade just before the end of the quarter, he took the "finals" and did very well in all subjects except geography, where content played an important part. In arithmetic he made 100 per cent. Later he passed on to 5A and continued to do fine work. Tom's report at the end of the first six weeks was composed for the most part of ‘‘very good’’. Only two subjects were ‘‘fair’’ and there was nothing below that. The mother reported that his attitude towards and interest in school work were both much improved, that he received much better marks than he had in the third grade, that he was almost at the head of his class, and that he had made the class baseball team. A later report in the fall of 1922 noted creditable work in 6B, Tom’s last report having ‘‘good’’ and ‘‘very good’’ in all subjects but arithmetic, in which he got ‘‘fair’’. The teacher commented that he understood the work in arithmetic, but was slow in finishing in a definite period of time the routine work allotted to the class. (This inferiority in routine work suggests Doctor Whipple’s statement that the ‘‘superior child’’ is usually a radical and systematic objector to routine class work.) In fact, if arrangement could be made for a group of the brighter pupils in 6B to skip 6A and enter the seventh grade direct, Tom would be among the number, provided he brought up his arithmetic. Furthermore, Tom now ‘‘chins’’ twenty times.

In view of this story, are we to believe that the ‘‘understanding of the child’’ by school officials, about which we hear so much, reduces itself in a large majority of cases to an ‘‘official’’ opinion of the child based on few or no facts? Further, are we to assume that educators believe that a mental examiner of recognized standing actually would take time to make practical recommendations about a child if his evidence consisted solely of an ‘‘M. A.’’ and an ‘‘I. Q.’’ based on a routine ‘‘Binet’’? It is ludicrous. The psychological examiner, as well as the educator, needs a background of physical and mental facts and a knowledge of the child’s everyday behavior. In Tom’s case, for instance, would Tom still have been considered of third-grade caliber if one of the school officials had obtained the following facts?

Tom at eighteen months could supply words in nursery rhymes—*e.g.,* when stimulated with ‘‘Little Boy’’ he would say ‘‘Blue’’. In the third grade he began systematic reading, including Mark Twain’s *Tom Sawyer* and *Huckleberry Finn,* the *Book of Knowledge,* the *Boy Scout Magazine,* and *Popular Science Monthly,* his favorite magazine. One day he took down H. G. Wells' *Outlines of History.* His mother "bet" him that he could not read and explain the first page. He did so, then continued to read until he had finished the first two chapters. In fact he has read many adult books in his parents' library. He is "always ready to pick a fight". His memory is exceptional. Once, while dressing, he placed an open book on his table and shortly had Lincoln's Gettysburg address memorized with the exception of the last paragraph. He can retell stories he heard six months ago, using many of the original words. His observation is acute, his discrimination between words is keen. With a quick, logical mind, he likes to argue; his statements are very positive and are reinforced with illustrations and analogies, often startling in their strength and application to the "point". He plays both alone and with playmates, some of whom are in the eighth grade. His chum is a high-school boy. Together they work a radio-electral set. A "perfect boy"? Certainly not! No child is perfect. In fact, his parents regret that they can find no signs of musical ability and they fear that he is becoming selfish and dissatisfied because he always craves to do and to learn *more.*

Assuredly, if all the facts about Tom had been known, there would never have been any debate on the question, "Is Tom a child of mental capacity slightly below the third-grade norm?" And it may be added that his parents would have been only too glad to coöperate with the school officials in giving these facts, which are so significant when it comes to "understanding the child".

Illustration of the mistreatment of "superior" children by school authorities must be plentiful in the records of psychological examiners. The writer, for instance, can recall several, one of which is particularly striking. A boy of sturdy and independent bearing had been given special home instruction for two hours each day for several months before entering public school. At the age of six years he entered school in 5C and progressed logically to 5A and to 6C. But, after two months in 6C, the teacher of that grade decided that he was not properly placed, owing to difficulty with handwriting and reading, despite the fact that he had read in the second reader when only three and a half years old! Consequently the boy was *put back in 4C!* The teacher of the fourth grade, however, believed the boy too bright for the grade and referred him, then eight years and four months old, to the university clinical examiner for mental test. The Stanford-Binet gave a mental age of 15 years and 9 months and an intelligence quotient of 189. Shortly afterwards this mental age was corroborated by the Miller mental-ability test for high-school pupils. In an attempt to adjust matters, the examiner paid a personal visit to the boy's principal, who behaved in a coldly superior and indifferent manner during the entire conference. Nothing could be done. Afterwards, however, the examiner learned of one use that teachers in the school, who were hostile to ''mental tests'', did make of the boy's test score. They made slurring remarks about the boy's intelligence before his class, implying that he should be able to answer anything because he had such a ''high I. Q.''. Things like this, in the writer's opinion, are criminal.

In short, this story allows us to make three summary statements: First, a group intelligence test for primary children may prove *too easy* for young children of very superior intelligence. Second, the exceptionally superior child is so rare that when found in a school, he is often not recognized. Third, *a priori* judgments are too readily formed by school officials, and these judgments tend to persist despite conflicting objective evidence.

MENTAL HYGIENE AND OUR UNIVERSITIES*

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THE ideal time for the proper training of the mind is in childhood or during the formative period of life. Of the many cases of mental disease, 40 per cent [1] are preventable. White [2] states that many mental breakdowns, perhaps the majority of them, occur during adolescence or in early adulthood, and that systematic help extended to the youths in our schools and colleges would be of inestimable value in preventing such breakdowns. Many college students need this help even though to the casual observer there may be no evidence of a nervous disorder. Taft,[3] Harrington,[4] and others have stated that adolescence invariably presents a crisis, and that an adolescence that is not attended by some stress is so unusual that it is almost abnormal; it is a period of transition in which the habits and tastes of the child are being replaced by those of the adult, in which new desires, new interests, and new thoughts are awakened. The adolescent must learn how he may best satisfy or regulate these new desires. If he is unable to adjust himself properly to the new situations with which he is confronted, if he cannot gratify these new impulses, he is apt to turn from the world of reality to a make-believe world in which he can find satisfaction.

From birth, development consists of a long series of adjustments between the needs and desires of the individual and the demands of his environment, adjustment consisting in modifying either the one or the other or both. During the adolescent period, this ability to adjust is put to the severest test, for, handicapped by ignorance and inexperience, the youth is required to make more radical adjustments than at any other period of life.

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* Read before the Minnesota Academy of Medicine, December 13, 1922.

[1] See *Organized Work in Mental Hygiene,* by Clifford W. Beers. MENTAL HYGIENE, Vol. 1, January, 1917, p. 84.

[2] *Childhood: the Golden Period for Mental Hygiene,* by William A. White. MENTAL HYGIENE, Vol. 4, April, 1920, p. 266.

[3] *Mental Hygiene Problems of Normal Adolescence,* by Jessie Taft. MENTAL HYGIENE, Vol. 5, pp. 741–51, October, 1921.

[4] *Mental Disorders in Adolescence,* by Milton A. Harrington. MENTAL HYGIENE, Vol. 4, pp. 364–79, April, 1920.

The college student has certain problems of his own to face. He has to make decisions for which he has no precedent. He has to adjust himself to a new environment and to a new group of associates. He wishes to be well thought of by his companions, to stand well in his studies, to be prominent in college activities. He wonders if he should do so and so, or if this or that would "queer" him. He does not understand why he finds it difficult to be his natural self, so that his sterling qualities may be recognized. He may be oversensitive to the remarks or actions of others or he may develop a feeling of inferiority. As a result, he may lose interest in his work and play, find it hard to concentrate, become restless and worried, and develop general physical complaints.

Williams[1] has clearly presented some of the trials of the college student. He says that these experiences are common and that "there is not one of us but has his psychic scars of this period". He goes on to state that a larger number than is supposed develop, as a result of such experiences and their neglect, true psychoses, while a still larger number acquire incapacitating neuroses. Others muddle through, but develop some peculiar warp, the basis of future failure. Williams further emphasizes the great danger of an inferiority complex and states that this may express itself by a characteristic demeanor or by translating the emotion of dissatisfaction with self into dislike of another individual. Continued failure may develop an unsocial attitude, while confidence is developed from continued success.

A certain anonymous writer,[2] in analyzing his own class twenty years after graduation, says that about three-fourths of the class have shown some neurotic or psychotic difficulty since graduation and that the most marked examples of nervous and mental disorder are found among those who qualified for Phi Beta Kappa, two-thirds of whom are or have been affected with such disorders. In other words, even the most brilliant and supposedly intelligent often need help. Intelligence tests given to 1,500 university students,[1] both men and women, showed that these students were as a whole a highly select group as compared with the rank and file of the population as represented in the army. It is to such as these, above all others, that an opportunity should be given in our educational system to know themselves, in order that they may be able "to size up the present situation and to adjust life intelligently to meet the demands of the immediate circumstances",[2] and this not only for their own good and happiness, but also for the future welfare of the country.

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[1] *Mental Hygiene and the College Student.* By Frankwood E. Williams. MENTAL HYGIENE, Vol. 5, pp. 283–301, April, 1921.

[2] *Mental Hygiene and the College Student—Twenty Years After.* MENTAL HYGIENE, Vol. 5, pp. 736–740, October, 1921.

During the past year I have had occasion to see certain students who, for one reason or another, have been having difficulty with their college work or who have complained of some form of so-called nervousness. Perhaps a brief outline of a few of their histories may be illuminating. None of these cases showed any abnormal physical findings.

One student stated that people seemed to know something about him that he did not know. His friends avoided him and he suspected others of talking about him. This worried him so that he could not sleep or study and had a constant dull headache day and night. He was oriented, but had delusions that were well systematized, persecutory, and quite fixed. There were definite ideas of reference. His explanations were inadequate and his story was not connected.

Another student complained of difficulty in concentrating and thinking. He became depressed and restless, and was not up to his usual efficiency, although he had kept up his studies fairly well. He had had spells similar to this at intervals during the past five or six years. He was engaged to be married and had worried over the fact that he had practiced bestiality as a youth which he feared might have unfitted him to be a husband.

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[1] See "Results of Intelligence Tests at the University of Illinois", by David S. Hill. *School and Society*, Vol. 9, pp. 542–45, May 3, 1919.

[2] *The Essentials of an Education*, by Stewart Paton. MENTAL HYGIENE, Vol. 4, April, 1920, p. 270.

A third had got along fairly well until his graduation from high school, four and a half years before, since when he had apparently lost interest in his studies. He did not know what he wanted to do. The effort of studying appeared to be too much for him, and when he did work, his attention and concentration were poor. He had had to work hard all his life and was earning his way through college. His outside work was such that he had little or no time for any social relaxation, and as a result, he had few friends and kept to himself a great deal.

Another seemed to be suffering from a faulty bringing up. He had never been a good mixer and had always been guarded and protected by his mother. He said that he was "brought up as a sister". For several months he had slept poorly. He dreaded to take up his struggle with the world and would have liked to slide out from under his responsibilities. He brooded over his failure to get everything he wanted out of college. He was introspective, with some feelings of superiority and some homosexual tendencies.

A girl freshman who had never made friends easily had always had an ambition to go on the Shakesperean stage, but as this was opposed by her family, she hoped to become a teacher of Shakespeare and oratory. Early in the school year she fell downstairs, striking her head, and was unconscious for ten minutes. Following this she had dull frontal headaches which prevented her from studying and fell behind in her work. She spent most of her time on history and themes, but had flunked on every theme handed in. She did not like her theme teacher who, she stated, had a sneering smile all the time. As all her sisters had done well in school, the same was expected of her and she was discouraged.

These and others were quite frank cases who sought the student health service voluntarily or were sent by their respective deans, but besides such outspoken cases there are many others who suffer in silence. They carry on as best they can and eventually make some sort of adjustment, but their future life and efficiency may be greatly handicapped by their experiences during this period. Others, of course, are more fortunate and, either through their own clear insight into the situation or through the aid of close friends in their own class or among the upper classmen or faculty, quickly adjust themselves. However, many students are oversensitive and naturally hesitate to discuss their innermost thoughts with their dean or friends. To whom can they turn for advice? If they do finally report to the student health service, with which many universities are now equipped, they are likely to complain of some physical symtom for which no organic basis can be found and they are frequently told that they are all right. Often it is only when their nervous condition has progressed to a point where there is some outstanding objective evidence of it that they receive real help.

The function of our universities is not only to instill knowledge into their students, but so to equip them that they will be well prepared to face the problems of life. Paton[1] says that the essentials of an education are a knowledge of life, with a definite impelling interest in some phase of it, together with information from actual experiences of one's own capacities for adjustment and one's own limitations, and the cultivation of the emotional attitudes and habits required for recognizing and facing reality. He states that "people who have acquired the essentials of an education are insured against nervous breakdown, do not occupy positions they are not qualified to fill, are not intoxicated by intemperate idealism, do not develop a psychology of life based upon personal grouches or make the fatal mistake of persuading themselves that their own pronounced defense reactions against reality are virtuous".[2]

I recently sent a questionnaire to 342 deans in thirty-two state universities, fourteen privately endowed colleges and universities, and eight women's colleges, with the hope of finding out (a) whether any effort was being made by the universities to analyze the causes of students' leaving college, (b) what proportion of the students had mental difficulties as undergraduates or later as graduates, and (c) what was the attitude of educators toward the need for work in mental hygiene in the universities, from both the instructors' and students' standpoint, and how the problem of reaching and advising students on this subject might properly be approached. I realized that answers to this questionnaire based on satisfactory statistical figures might not be available, but I wanted at least an opinion based on the educators' general experience with students.

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[1] *The Essentials of an Education*, p. 271.

[2] *Op. cit.*, p. 270.

In all, I received replies from 194, or 57 per cent, of the 342. Of these, 19 per cent merely stated that they had no statistics or could not take time to get them together. Another 30 per cent stated that, owing to lack of information, they were referring the questionnaire to another department for answer. Ten per cent of the replies were filled out by physicians connected with student health services, to whom the questionnaires had been referred. In all, 113, or 33 per cent of the possible total, offered at least some comment on the subject.

In reply to the first question, "What percentage of students in college leave or drop a class on account of various causes?" practically no accurate information, except in two or three cases, was obtained from the forty-nine who attempted to give information. "No data" or "Don't know" occurred repeatedly both for this and the next two questions. Where figures were given, they were qualified, almost without exception, by the statement that they were merely estimated.

Improper or elementary training was thought to be the cause of from 1 per cent to 15 per cent of failures to complete the course or to keep up to the required standard, while from 1 per cent to 3 per cent were attributed to the premature attempt to carry on advanced work; some of the replies stated that the students in their colleges were not allowed to attempt advanced work prematurely. The figures for mental inadequacy, as revealed by psychological tests or in other ways, ranged from 2 per cent to 20 per cent. Maladjustment to college life was estimated to be the cause of from 5 per cent to 9 per cent of the failures, though one reply set this figure as high as 25 per cent. Another took the term maladjustment to include "just loafing". Very few students—possibly 1 per cent—were thought to leave college on account of nervous or mental diseases, while .5 per cent to 2 per cent were said to leave because of physical illness. Economic causes were given as the reason for leaving in from 1 per cent to 5 per cent of the cases. Economic causes seem to play an especially important rôle in certain professional schools, particularly in schools of commercial art and of journalism; one reply stated that 60 per cent of the students in the college in question left to seek work.

Other causes given for the dropping of college work by students were as follows: going to work, 1 per cent; transfer to another college, 1.5 per cent; personal reasons, .7 per cent; hazing, .0019 per cent. Laziness and faulty home training appeared to be the greatest single factor. One prominent university gave statistics for the year 1920–1921 as follows: .1 per cent withdrew on account of ill health, .3 per cent on account of financial considerations, .9 per cent voluntarily or by request on account of low standing, .3 per cent for disciplinary reasons, .7 per cent transferred to another college, and .7 per cent resigned without stating the reason.

As might be expected, the great majority of students who leave college without completing the work do so during the freshman year. Some of the universities accounted for their small percentages of undergraduate failures by their caution in admitting only chosen students.

With respect to the next two questions—"What proportion of students in your college have nervous or mental breakdowns later in life?" and "What proportion of graduate students of whom considerable success was to be expected have become failures or disappointments?"—there were, as was to be expected, no available statistics. The greater number of those who replied were of the opinion that later psychoses were "very few", "negligible", "too small to be important", or "no greater than would be found in any cross section of society". Others felt there were "a sufficient number to merit a thorough study", "probably higher among teachers and professional men", "probably a larger proportion than in the general population". As to failures or disappointments after graduation, the replies varied from "one in ten years" to "5 to 10 per cent". One answer concisely stated: "Too many."

The fourth question was, "Do you believe that proper advice and guidance—*e.g.*, instruction in mental hygiene—during the university years would be of distinct aid in preventing abnormal nervous reactions during school life or in later years?'' Fifty-seven of those who replied believed that such advice would be of help, fourteen stating so most emphatically; eight thought that it probably would; and five doubted it, two of these being connected with graduate schools that require for entrance two or more years of university work. Two thought that such instruction was especially needed in the case of women students, one adding that ''a common-sense dean of women with a medical education could do a lot''. Another stated that the question assumed that the students did not now get such advice, ''an unwarranted assumption'' so far as that particular university was concerned.

The next two questions dealt with the problem of determining which students needed such guidance and to whom they should be referred. The large majority felt that these students could best be sought out through personal observation and intimate contact with instructors and preceptors; others recommended physical and mental examinations with psychological tests or a study of their pasts and their family histories. Two suggested that the best method would be to make it generally known that such advice and guidance were available. Extracts from a few of the more illuminating replies follow:

''It is difficult to discover cases early, owing to the tendency of students and others to suppress outward manifestations. This is probably stronger in persons of the intellectual level of students than in others.'' ''In conference, primarily about other things.'' ''By observing social relations to other students, their reaction to an appeal to their reason, and the manner in which problems involving pure mental vision are attacked.'' ''By personal daily knowledge of the students and information from preceptors and in certain instances by special medical advice.'' ''Do not believe any special mechanism can be devised to get hold of these students.'' ''By each instructor having a working knowledge of mental hygiene, so that he can refer cases to the college physician.'' ''By (a) questionnaires sent to families of those entering for information from the family and their physician concerning the entering student's health, (b) careful medical examination of all undergraduates, and (c) reports of instructors and counselors concerning students who are nervous, having difficulty in adjusting themselves to their environment, or who are doing poorly in their studies."

Forty-five of those who replied would refer such cases to the university health service or to a specialist; ten to deans or instructors; four to both health service and the deans; three to a psychologist; and three to both a physician and a psychologist. The difficulty of finding an advisor with the proper training was mentioned by a number.

As to the part that extra-curriculum activities play in causing nervous breakdowns, failures in studies, and the like, thirty-three felt that these activities are an important cause of failure, although a number stated that they are helpful in preventing breakdowns as they tend to provide a varied and well-balanced life. Five had observed no evidence of ill effect from such activities. In the professional schools they appear to play a minor part as compared to their rôle in the undergraduate colleges.

As to whether mental hygiene was sufficiently important to be taught as a required subject in the individual colleges, twenty-nine answered "yes", some quite emphatically, while seventeen others approved if it were included as a part of the course in physical hygiene. Four believed in a course in mental hygiene if the proper person for giving it were available; a number of others mentioned the necessity that such a course should be given only by an expert. Seven questioned the advisability of a required course in mental hygiene. Two felt that such a course might be given as an elective only. Twenty were opposed to it. Among these last were four connected with graduate colleges.

Fifty-eight were of the opinion that an instructor should have a knowledge of mental hygiene for the sake both of the students' and his own welfare; three thought it desirable from the students' standpoint alone; three from the teachers' standpoint alone; four questioned the desirability from the standpoint of student welfare; and five doubted whether it would be of any benefit to the instructors. Two denied any benefit to either the student or the teacher, and one believed it too important a subject to place in the hands of half-trained persons.

Under general remarks, there were some very interesting and enlightening statements. Twenty expressed themselves as being interested in mental hygiene as it related to the university. Eight of these, only one of whom was a dean of medicine, stated that it was of vital importance, and one went so far as to say that "if mental hygiene means what it seems to mean and actually exists, it is the most important thing in the world". Seven colleges are attempting at present or hoping soon to start work along this line. One stated that "there was some danger in publicity in these matters among even intelligent administrative officers and teachers, as it was an easy matter to create in a community a public sentiment tending not only to the discovery, but the promotion of mental aberration". Another believes that "this is one of the most important responsibilities of any college, as maladjustments account for much of the failure in the freshman year". A third says that "schools and colleges seem to be only at the beginning of work in this important field and that the difficulties of educating college students, faculties, and students' families as to the need of this work seem very great at present".

In contrast to these opinions, another feels that mental hygiene might be useful, but it is his conviction that the college needs picked students, as there is "a terrible waste in trying to educate every one who enters". A medical director writes that a lot of nervousness is traceable to inferior living conditions and poor meals, prepared by the students themselves, together with the necessity of earning their way through the university, which results in lack of social and campus life. This was considered particularly true of women.

Some of the answers from the graduate schools emphasize the point that mental hygiene is probably not needed among their students, as they have had an opportunity to become adjusted during their undergraduate life. However, one dean of graduate education believes that the subject is "a most important one and possibly the most important aspect of hygiene in our universities". Two others feel that "it might be of considerable practical importance" and that "it is one of the most significant and neglected aspects of education''. Another states that ''a little learning is a dangerous thing and more dangerous in this than perhaps any other field of education; that it would be most advantageous and useful if the whole teaching staff might be given instruction as a class in mental hygiene''. Two or three very frankly state that they do not know what mental hygiene means.

It would appear from the answers to this questionnaire that accurate statistics are needed to determine the reasons why students leave college, not only for the sake of the individuals concerned, but that, by a careful analysis, the university may know if it is doing all that it should for its students in preparing them to meet their present and future problems.

That many attempt a college education who are unfitted for it is granted, and without question these students should be sorted out early and advised, so far as possible, as to the niche in life they can best and most contentedly fill. But of the others there are a certain proportion, probably a large proportion, who at one time or another do need a certain amount of guidance.

A brief neuropsychiatric examination of 1,141 college students undertaken at an Eastern university revealed that 16.4 per cent gave a history of one or more of the following troubles: abnormal moods or difficult adaptation; nervous symptoms in the past; convulsions; chorea; bedwetting; night terrors; sleep walking; stammering; severe nervous breakdowns, or nervous symptoms at present. These students differed physically from those with no such histories only in more frequently showing exaggerated knee kicks, rapid heart beat, and other vasomotor phenomena.[1]

The question how to reach students at the opportune time and how best to advise them is tremendous. Many voluntarily seek assistance and advice in their affairs, over four hundred going to one dean to discuss finances alone.[2] It is reasonable to suppose that they would be equally ready to seek help in regard to their mental and emotional problems, if they knew that such help was available.

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[1] See ''A Report on the Brief Neuropsychiatric Examination of 1,141 Students'', by Stanley Cobb. *The Journal of Industrial Hygiene,* Vol. 3, February, 1922, p. 311.

[2] Dean Nicholson. See *Minnesota Alumni Weekly,* Vol. 21, May 11, 1922, p. 464.

The problem, however, is one that is by no means limited to the undergraduate. As Singer[1] has pointed out, there are at least three groups of professional men whose special business it is to give advice regarding disorders of behavior and social maladjustments—physicians, lawyers, and clergymen. That their advice may be based on certain fundamental truths, it is necessary that they should receive instruction in the general principles of social behavior and mental health.

It is unfortunately true that one of the greatest handicaps that has to be faced at present in the mental-hygiene movement is the limited number of persons who are fitted to give instruction in this subject, but, even so, some effort should be made to introduce mental hygiene in a practical form into our higher institutions of learning.

It is with considerable hesitation that I make any suggestions as to how this problem should be approached. The following are offered only tentatively:

1. The establishment in every university of a well-equipped students' health service connected with which should be a neuropsychiatrist, preferably one who has had special training in this work.
2. A careful and complete physical examination, including that by a neuropsychiatrist, of every student at least once each year. At his first examination, on admission, a complete family and past history, as well as a history of his present complaints, should be secured, analyzed, and filed. Part of this history might well be furnished by the family.
3. The instruction, possibly by visiting lecturers, of professors and instructors in the elementary principles of mental hygiene, not only for their own good, but also that they may recognize early, and understand, evidences of failure to acquire habits of behavior that are necessary for proper social adjustment.
4. The division of classes into small groups, with each

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[1] *The Need for Instruction in Mental Hygiene in Medical, Law, and Theological Schools,* by H. Douglas Singer. MENTAL HYGIENE, Vol. 3, pp. 24–32, January, 1919.

individual of which an instructor will be in close contact, not only in class work, but socially as well.

5. And last, but not least, the encouraging of the individual student to take the initiative and seek advice and help from his instructors, dean, and health service.

If our universities can so equip their students that they will be able to "adjust life happily and successfully"[1] they will be accomplishing a work of inestimable value for future generations.

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[1] Paton. *The Essentials of an Education*, p. 280.

THE REACTION OF COLLEGE STUDENTS TO MENTAL HYGIENE

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THE mental hygiene of the college student has received a certain amount of attention, but little from the college authorities themselves, or, for that matter, from any one connected with the students in a fairly intimate way. Yet those who are familiar with mental hygiene in its broader connotations and who are on close enough terms with college students to receive their confidences can report startling conditions among the group represented by them.[1]

Granting that there is a need for instruction in mental hygiene among college students, we come to the question, just where can they obtain such instruction and guidance? The dean naturally occurs to one's mind first. But do Greek and mathematics, even plus good intentions, prepare one for serving in such a capacity? In colleges and universities that have no department of neuropsychiatry there remains only the department of psychology as a source of this information and guidance.

For the time being, we will confine our discussion to the question how the department of psychology can best dispense this information. Conferences naturally suggest themselves. But who can spend much time in conferences when a schedule of more than twelve class hours a week faces one for thirty-six weeks of the year? And how, moreover, can the students who are in need of such conferences be brought to the attention of the psychologist?

I have tried to solve this problem in a rather simple way by devoting the last six weeks of an elementary course in psychology to instruction in mental hygiene, especially as it affects the college student. This plan has been tried out, and successfully, with a class of seventy students, who, after receiving instruction, acted as missionaries to bring in other students with whom the department did not come into contact, but who seemed to the students in the elementary course to be in need of instruction.

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[1] The writer is completing a survey of college students from this angle. The findings are amazing and will be published in detail with case reports as soon as the data can be worked over.

The orthodox, already confronted with the iconoclastic behaviorists, may react with horror to such an innovation in the elementary courses in psychology. Accordingly it may be well, before discussing the organization of this instruction and the reaction of the student body to it, to state the psychological justification for such a departure from tradition.

Any one who reads the advertisements that talk up the wonderful value of advertising and still keeps his scientific attitude toward them soon realizes (quite apart from paranoid tendencies) that there is a great conspiracy afoot, which seems to center around the sale of advertising space. If one can face facts as they are and not resort to a flight from reality, it becomes apparent that there is much the same great conspiracy afoot relative to the value of a college education. Mathematics is no longer taught as the sharpener of the wits. Mental discipline has gone by the board. It seems that intelligence is not increased one whit by absorbing four years of a college education.

We have left, as the objects of a college education, culture and practical information. As to the first, rare indeed is the college student of the present day who has received even the barest inoculation of culture. Most college students cannot tell whether the band plays it or whether it is a salad. And what is there that might be construed to be of cultural value in a course in psychology? Some odds and ends of information, smacking strongly of a queer blending of physics, physiology, and philosophy, without which there is little left of the psychology textbooks.

There remains useful information. Can psychology courses supply that? From the brief experience of the writer, he would emphatically state that *it can.* The unfortunate thing is that the elementary courses too rarely do supply it. In trying to justify the teaching of college courses in psychology, to take for granted that a subject is necessary is no less than tyrannical. To justify it on the ground that it increases one's mental powers is absurd. If it can be justified at all, it is because some practical good will come to the students as a result of spending three dry hours weekly in listening to a learned instructor gradually unfold the mysteries of nerve tracts and animal learning. Any other attitude toward this—or any other college course, for that matter—is largely a defense reaction.

It is from this point of view that the writer has attempted to conduct the elementary psychology course so that it will be of the greatest practical usefulness to the unwary students who eagerly register for the course because they have read *Success Magazine* and been impressed by the advertisements therein. This is my justification for devoting the last six weeks of that course to mental hygiene.

No attempt has been made to force any conceptions of value or interest upon the students. The writer realizes only too keenly that what is of the greatest research interest to oneself is too often assumed to be of interest and intense value to the budding student. Rather the attempt has been to let the students decide for themselves what is of most interest to them and what has struck them as being of the greatest value in the course.

Two queries on this subject were addressed to a large class in psychology after they had completed the usual course, well over a third of it devoted to sensations and sense organs and the remainder to structural psychology of the thinking-feeling-doing, sensation-perception-conception-judgment-reasoning type. A summary of their replies follows:

Topic	*Votes for interest*	*Votes for value*
Experiments	1	0
Attention	2	1
Æsthetics	4	1
Philosophical basis	1	1
Sensations	4	6
Learning	1	16
Emotions	5	5
Instincts	1	0
Abnormal psychology	56	17
Heredity	10	11
Criminology	5	1
Applied psychology	29	41
Habits	1	0
Mental structure	0	2
Animal behavior	0	2

There is a slight relationship between interest and estimated value of the topical divisions of this course. The correlation between the two orders is .33. This may invalidate the value judgments somewhat. Between interest and amount of time spent on a topic, however, there is a high negative correlation. A large amount of the time was spent in experiments, which received only one vote in interest. By far the most time devoted to any single topic was given to sensations; it, also, ranks low in interest. Abnormal psychology was covered in two lectures at the most; this topic ranks highest in interest. All the other topics might be taken up in detail to show the same inverse relationship between time and interest.

In comparing values and time spent on a topic, the same holds true. There are no value votes on experiments, and many value votes on abnormal psychology, even though the latter touched upon mental hygiene and ''normal abnormal'' conditions very remotely.

It was the results of this balloting that caused the radical remodeling of the course that the writer has given this year. Applied psychology, abnormal psychology, and learning were emphasized. Heredity was voted high by the students, but it was left out of the course this year because heredity properly belongs to another department, and the writer has found that, even with this interesting and admittedly valuable topic omitted, the course was still crowded with pregnant material. This omission was made reluctantly and in spite of the fact that animal biology has been the writer's field of minor interest and that he has contributed several articles to the physiological and medical journals on this topic.

In looking over the results of the ballots on interest and value, one is struck with the immense preponderance of abnormal psychology in view of the limited time that was given it and the fact that it dealt rather with clinical entities than with the more practical facts that might be supposed to have bearing on the activities of college students. In emphasizing abnormal psychology in the elementary course this year, study was directed rather along the line of normal psychopathic conditions (pardon the apparent contradiction!) than to the psychogenesis of the psychoses.

The present report is concerned chiefly with the six weeks that were given to the general subject of mental hygiene. It is preliminary to other reports which will deal more intimately and personally with mental hygiene and the college student.

First, let us take up the readings and lectures given under this general topic. The following books and articles, listed in the order read, were assigned for reading by the students, while in the class hour the instructor took up in detail Prince's *The Unconscious* and *The Dissociation of a Personality:*

Brill: *Fundamental Conceptions of Psychoanalysis.* New York: Harcourt, Brace, and Company, 1921.
Coriat: *Abnormal Psychology.* New York: Moffat, Yard, and Company, 1917.
Jackson and Salisbury: *Outwitting Our Nerves.* New York: The Century Company, 1921.
Report of the Mental Hygiene Survey of Cincinnati. Cincinnati: The Mental Hygiene Council of the Public Health Federation, 1922.
Williams: *Anxiety and Fear.* MENTAL HYGIENE, Vol. 4, pp. 73–81, January, 1920.
Myerson: *The "Nervousness" of the Jew.* MENTAL HYGIENE, Vol. 4, pp. 65–72, January, 1920.
Gilbert: "Amnesia—The Subconscious Warehouse." *Medical Record,* Vol. 99, pp. 127–33, January 23, 1921.
Paton: "The Psychology of the Radical." *The Yale Review,* Vol. 11, pp. 89–101, October, 1921.
Parker: *The I. W. W.* Essay in *The Casual Laborer.* New York: Harcourt, Brace, and Howe, 1920.
Pruette and Fryer: *Affective Factors in Vocational Maladjustment.* MENTAL HYGIENE, Vol. 7, pp. 102–18, January, 1923.
Spaulding: *Three Cases of Larceny.* MENTAL HYGIENE, Vol. 4, pp. 82–102, January, 1920.
Paton: *The Essentials of an Education.* MENTAL HYGIENE, Vol. 4, pp. 268–80, April, 1920.
Williams: *Mental Hygiene and the College Student.* MENTAL HYGIENE, Vol. 5, pp. 283–301, April, 1921.
Anon: *Mental Hygiene and the College Student—Twenty Years After.* MENTAL HYGIENE, Vol. 5, pp. 736–40, October, 1921.

In addition to these readings, one student reported on Beers' *A Mind that Found Itself,* and a lecture on shell shock was given by Dr. Harold E. Foster, who was at the time directing the Wyoming mental-hygiene survey. The instructor lectured only on the two books by Prince. The remainder of the class time was spent in discussion of the topics as they were read. The students prepared two papers touching on the mental hygiene of the college student. One, the first, was a personal analysis and examination. The other was a study of some student in the university whom the person writing the paper had known in high school. In the second paper we have a study of some seventy students before and after taking a small dose of college life and education. In certain respects the findings of this survey which the class made of mental hygiene in the university even outdo those of the Cincinnati mental-hygiene survey. These findings will be discussed in the next report.

Did the students report this work as interesting and of value? The following digest of their ballots is sufficient answer:

Topic	*Votes for interest*	*Votes for value*
Mental hygiene	68	67
Learning	0	1
Individual differences	1	1
Imagination	1	0
Dreams	0	1

It was not a case of the most recent topics being enhanced in interest. In the review period, all phases of the course were rehashed and the students were notified two weeks ahead of the balloting and reminded at each following class hour that the ballot was to be taken.

SUMMARY

College students are eager for instruction in mental hygiene, especially as it affects them personally. It was estimated to be of more value than any other part of the course in elementary psychology. That it results in much personal benefit is shown by the results "before and after taking", which will be reported in detail shortly.

THE NON-SPECIFICITY OF MENTAL DISEASE

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PSYCHIATRISTS of the present day and generation have been the recipients of many plausible explanations of the origin and phenomena of mental disease. The theory of focal infections, with the teeth as the favorite locus, and the recent enthusiasm over the etiological possibilities of the endocrine organs, are two instances in which the method of approach has been frankly and somewhat empirically along rather restricted organic lines. The exploration of the unconscious and the doctrines of repressions and conflicts, of organ inferiority, and of the cravings of the autonomic apparatus, are types of theories that either have had a clear-cut psychogenic objective or have sought to reach their goal by various ingenious and sometimes valuable modes of reasoning that aim to span the gap between the organicists and the functionalists.

At the outset it should be stated that psychiatry owes a large debt of gratitude to those who have promulgated the new doctrines. They have given tremendous impetus to the study of mental disease. Enthusiastic disciples have not been wanting, and the psychoses have been the subject of most intensive and exhaustive investigation. If sometimes a devoted, but somewhat regrettable singleness of purpose has detracted from the scientific worth of the result, it is still not a total loss. There is yet time for correlations. It seems fair to write on the credit side as a permanent gain the advance of our specialty beyond the narrow confines and sterile concepts of a rigidly objective and descriptive psychiatry. Certain of the clinical phenomena that recur so frequently in mental illness have been adequately and logically explained. Finally, the benefits that have accrued to the individual patient are not altogether negligible. Of course, since the various theories are often diametrically opposed in their dogma and methods, one must conclude that at least some of them contain a margin of error. Yet this does not constitute an insuperable obstacle to therapeutic progress. The very divergence of opinions inevitably means that attention will be focused on the problem from several angles, and the system of trial and discard should eventually provide newer and better standards of treatment.

It is perhaps unfortunate that the advocates of these new systems or schools have always insisted, either openly or by obvious implication, on the doctrine of what may be termed the specificity of mental disease. The student is sometimes left with a confused feeling that he must either accept this or that viewpoint or abandon it altogether and strive for a newer article of faith. Possibly this is due to the fact that certain utterances and writings, which by their very nature must still remain theoretical and problematical in the present state of our psychiatric knowledge, are brought forward as final and absolutely established criteria and clothed with all the dignity of infallible *ex cathedra* rulings. After all, this is a very human failing and bespeaks merely sincere enthusiasm. However, the general effect is not always constructive. One may have in mind a number of more or less carefully studied cases in which the evidence seems overwhelmingly in favor of physical factors as causative—or, better, precipitating—agents, and another series in which the mental disease seems to have been produced or certainly favored by psychogenic instrumentation. What is one to do when involved in such a predicament? Is it right to abandon a hard-won conviction, even though it may apply to but a single patient? May it not be possible that the difficulty of reconciling two seemingly inimical viewpoints arises not because one is inherently correct and the other inherently wrong, but because, under certain given conditions, they are both true? In other words, may we not find in the last analysis that there is such a thing as multiplicity of causes as applied to mental disease—*a non-specific etiology?*

Non-specificity of Disease in General

In attempting to make clear the premise of the "non-specificity" of mental disease, it may be worth while to turn for a moment to the domain of general medicine. The pathological conditions that can be described as distinctly specific reactions—*i.e.,* always ascribable to well-known and clearly demonstrable causes—are after all quite limited and certainly are easily outnumbered by those morbid states in which the etiology is a matter of doubt and conjecture. Again, one thinks readily of tuberculosis, syphilis, typhoid fever, malaria, and the like, as phenomena that, from the standpoint of causation, have been scientifically tested and proven for all time to come. However, medicine is an art and not a science, and from the criterion of definite cause and unavoidable effect it is not possible to grant, for instance, the absolute specificity of tuberculosis, even though its clinical and pathological limits may be drawn with considerable accuracy and its source is indisputably the bacillus of Koch. It may seem trite to remark that many individuals come into close contact with this organism, but escape consumption, and yet, from this and similar observations, one gains the broader conception of the fallaciousness of thinking in terms of unconditioned specificity. If the presence of the bacillus tuberculosis inevitably meant the development of that disease in an individual, if the pneumococcus, the spirochete pallida, or the bacillus of typhoid fever implied that the necessary outcome must be pneumonia, syphilis, or enteric fever, then indeed it might be profitable, not only in general medicine, but also in psychiatry, to devote exclusive attention to a search for single disease-producing agents. However, in all probability the processes that lead to the development of any morbid condition are immensely complicated and closely related to one another, and disease is almost always the culmination of a long series of more or less detrimental or destructive conditions which eventually become sufficiently strong to break down the barriers of natural and acquired resistance. The tremendous importance of even such general considerations as age, race, climate, nutrition, occupation, hygiene, habits of life, and the like, cannot be overemphasized, and even though it is often true that such general factors would be powerless to produce morbidity in themselves, if the direct mediation of a specific cause were wanting, still it is probably also true that without their predisposing influence, this cause in itself would not exert any harmful effect. These general factors are so well known that we are accustomed to speak of racial, climatic, occupational, adolescent, climacteric, or senile diseases, and the like. By this we do not mean to imply that they are rigidly restricted to certain races, climates, occupations, or age periods, but that these factors in combination with others—among which may be included a more or less clearly understood causal agent—are most frequently encountered in tracing the incidence of the diseases in question. Even such a seemingly simple occurrence as a fracture of a bone may be and often is due to remotely determining circumstances. The age of the individual, the fragility of the bone, or the presence of constitutional disease may in a given instance be much more important and motivating than the actual force of the impact.

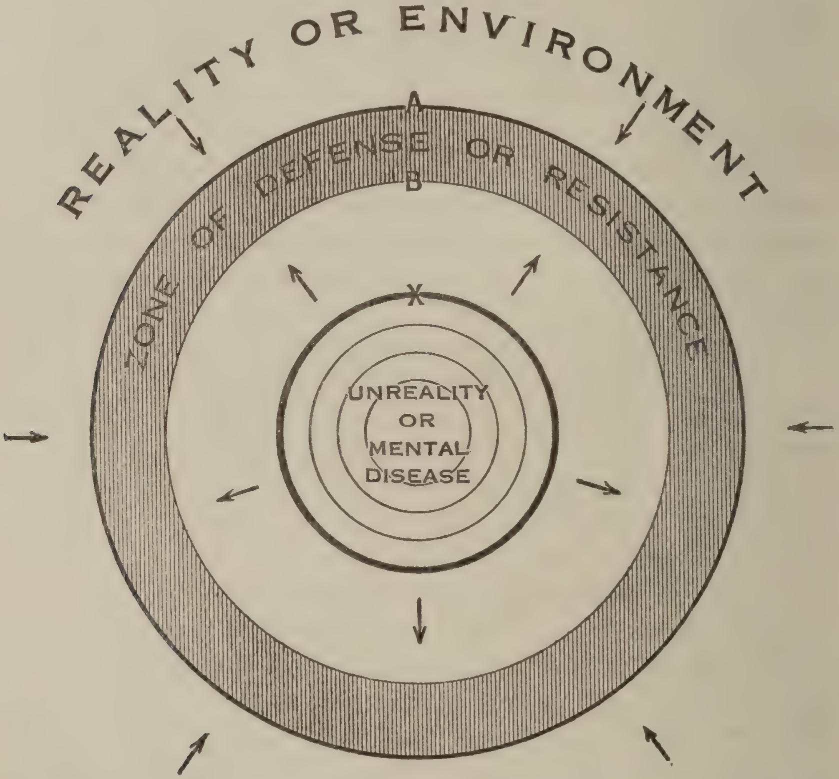
It would seem, therefore, that in some sense we are always dealing with total reactions which are the end result of the constant interplay between individual and environment. Furthermore, if it is permissible to speak of the ''chances'' of contracting any given disease, it is manifestly obvious that there are no two stages in an individual's existence when the ''chances'' are exactly equal, even though he is at both times in contact with the disease-producing organism. His resistance is either greater or less at one time than at another, and its strength is dependent upon the addition and subtraction of all the upbuilding and deteriorating conditions of his whole life. Thus, at twenty a man may escape tuberculosis, even though he is exposed to the bacillus, because he has led an outdoor, hygienic life and is in excellent physical state, but he may succumb at thirty, owing to reduced resistance due to sedentary occupation, insufficient food, fresh air, and sunshine, and perhaps alcoholic overindulgence. It is even hypothetically plausible to conceive of two human beings who, by reason of previous circumstances of life, are equally protected from or exposed to infection, and yet the one falls ill and the other successfully resists because in the latter hereditary influences are an asset while in the former they are a liability. Heredity may sometimes act directly, as in the instance of inherited syphilis; more often it is non-specific, as when the stock is more distantly weakened by alcoholism or syphilis.

Not only may antecedent factors have a definite value in conditioning the development of disease, but the chronological order of their occurrence sometimes may be decisive. Thus, an individual may go on a debauch and after a period of sobriety be exposed to cold and inclement weather and still continue in reasonably good health, while if the drunkenness and exposure follow each other closely or are simultaneous, pneumonia is apt to be contracted. It is always fascinating to speculate on the considerations that may be responsible for the seriousness or degree of disease after it is actually present. For instance the course of enteric fever may be mild, smooth, and uncomplicated, or it may be severe, stormy, and marked by complications such as hemorrhage, peritonitis, or meningeal symptoms, or finally it may be overwhelming and eventuate fatally. It is almost permissible to speak of benign and malignant typhoid fever. We know that the severity of the infection is influential, but surely there are other influences. In the last analysis is it not feasible to weigh in the balance the whole life history of the patient and even to take into consideration remote ancestrally determined strengths or weaknesses of the various systems of the body, such as the cardiovascular or nervous?

The Non-specificity of Mental Disease

The above remarks may serve as an apology and preface for a theoretical and purely schematic presentation of the non-specificity of mental disease. For descriptive purposes, insanity may be regarded as the substitution of unreality for reality, just as organic disease may be thought of as a change from an organically natural to an unnatural or diseased status. Of course, I realize that there is no merit of originality in this conception; at most it is a helpful method of studying the individual patient from several angles and one that is least prone to lead to errors of omission.

The circle *A* in the following chart (page 282) symbolizes the individual's contact with his environment or reality. It is, of course, understood that there is never perfect contact—that is, there is never absolute normality—but the conventional circle makes easier the conception of the delicately adjusted and at least outwardly maintained balance between individualization and socialization that constitutes sanity. Inside the circle *A* a second circle *B* is arbitrarily drawn, and the zone included between these two signifies resistance, or the amount of defense that is available in keeping the outer circle or the individual evenly adapted to the world in which he lives and moves. This zone is necessarily



a very variable quantity. In the beginning, or at birth, its initial thickness may be considered as the product of favorable or unfavorable hereditary influences of all kinds. Thereafter it is constantly changing—being added to or subtracted from in response to every experience and exigency of life. These experiences or conditions, which may be either upbuilding or inimical, spring largely from reality or the environment, and embrace the widest range of conceivable possibilities. To enumerate them one would be obliged to trace every environmental occurrence, both physical and psychogenic, from the first day of infancy to the instant of death.

Even apparently insignificant happenings are capable of producing some slight alteration. Although the defense sector is never static, yet its amount or thickness cannot be suddenly and artificially increased. Well inside the zone of defense is placed a small circle *X*, which represents unreality or mental disease and which includes a number of still smaller circles to indicate differences in the intensity of the disease process or benign and regressive stages and types of abnormality.

With this schematic presentation in mind one may consider a number of contingencies. For instance, it is not unlikely that a notably defective ancestry may reduce an individual's resistance to such a minimum that the first environmental thrust is sufficient immediately to bend the outer circle of normality into unreality or a psychosis. At times the process is seemingly gradual and a long period of accumulated stresses, both physical and mental, are required slowly to diminish the solidity of the defense zone and curve it toward unreality. Again, it is not unlikely that the close chronological sequence of strains and the time of their occurrence may prove too much for the amount of resistance available at a given period. If separated by an interval of time, they may be turned aside. Thus, Mary Jones at twenty-five may be able to meet successfully an attack of influenza, at thirty she may mentally survive the unfaithfulness of her husband and desertion, and at forty-five she may overcome the deleterious influence of the climacteric, but were all these events to occur practically simultaneously, she might not be able to withstand their combined destructive effect. Thus, by varying the type, severity, and time of appearance of the precipitating situations, increasing their number, or arranging them in close chronological sequence, one is able theoretically to diminish resistance to the vanishing point. In this connection it may be stated, from the standpoint of practicability, that it is scarcely possible to lay down hypothetical premises or conditions that have not been fulfilled and are not being reproduced in the actual life history of human beings.

Once a psychosis has become established, what is it that determines recovery or prevents it? There is, first, the benign or malignant character of the specific etiological agent which in psychiatry, with but few exceptions, still remains unascertained. Resistance has still to be considered. Clinical psychiatrists are constantly meeting cases in which the prognostic indications are set aside and an apparently favorable psychosis becomes chronic, or vice versa. Is the reversal of expectation entirely a question of diagnostic error or is it at times conceivable that in one patient there is practically nothing available from previous conditions of life or heredity that may assist in a return to reality while in the other there are unexpected resources which may be powerful enough to stem the current?

It will be seen that specific causative agents are in no way excluded by the ideas that have been so briefly and incompletely outlined. For instance there can be no question as to the specificity of paresis and yet the number of syphilitic patients who develop the disease is comparatively limited. It is reasonable to assume that additional modifications must be present before the spirochete can invade the brain tissue, and these modifications are probably to be sought in the individual and his environment and not in the spirochete. If the problem of schizophrenia or mental disease should eventually be worked out with the same completeness as that of tuberculosis, we could still not afford to discard the broader concept of non-specificity unless we were willing to be satisfied with an inadequate explanation.

Case Histories

In order to carry the argument somewhat further, fifteen cases are presented. They were not particularly selected, beyond the requirements of a reasonably complete history and the fact that it was deemed advisable to have representatives from a number of life decades. The onset of the psychosis in three instances falls in the second decade, in three in the third, in three in the fourth, in three in the fifth, and finally in three in the sixth or beyond. The case records cannot be given in any detail and merely the most salient features are outlined.

Case 1. Mary Brown, aged nineteen, presents a psychosis whose symptoms are decidedly characteristic of schizophrenia. When last observed, she had periods of catatonic excitement, was violent, resistive, and destructive, with a silly, inappropriate affect reaction and auditory hallucinosis, and had regressed to an infantile level. She was untidy, lisped in a babyish manner, called the physician ''mamma'', and said, ''Children act this way.''

When we examined the immediate pre-psychotic history, we failed to find any external precipitating factors. An analysis of the determining character traits was more fruitful. Even as a child, Mary was self-willed, dramatic, affected, passionately attached to her teachers, but also sensitive and *seclusive*. Reality did not deal softly with her. Her father disclaimed all responsibility for the family and deserted her mother when Mary was nine years old. Society then moved the waif about from home to home; there were eight placements between the ages of nine and fifteen. At sixteen our patient was arrested for vagrancy. Three years later the psychosis appeared. A step further back brings us to a consideration of Mary's ancestry. The paternal grandfather was habitually in jail. The father was an epileptic and ne'er-do-well. The mother, a maternal uncle, and a sister are in state hospitals with dementia praecox. A younger sister is psychopathic.

Could Mary Brown have escaped mental disease, no matter how pleasantly her life had been placed? Was not her mental disease predetermined by a hopelessly defective immediate and remote ancestry?

Case 2. Virginia Green developed mental disease abruptly at the early age of nineteen. On the basis of a shallow, rather silly, apparently insufficient affective reaction, hallucinosis, and catatoniclike outbreaks, the consensus of diagnostic opinion was in favor of dementia praecox. The fact that the patient recovered in three months, is now married, has a child, and has succeeded in accomplishing a life adjustment, does not negative the opinion that the disease process was clinically essentially a schizophrenic one.

Virginia's maternal grandfather was a senile dement, a maternal uncle was insane, and a maternal aunt is peculiar. Otherwise the family history is not unusual.

Virginia was handicapped by being an only child. As is often the case, she was also a ''nervous'' child, presumably because her attention was more or less constantly focused on herself. She was naturally bright, pleasant, and affectionate, but ''all her life she has been petted and humored and never crossed in any way''. She became angry when any one interfered with her wishes. She was quiet and sensitive, but social. On the whole, Virginia found the world a pleasant place to be in, and her environment was always plastic enough to be molded into any shape that suited her whims. She got on with a minimum of inhibitions.

She became engaged to marry, and retrospectively we have learned that she also became illegitimately pregnant. This was the first seriously unpleasant situation in which she had ever found herself, and without confiding in any one, she sought to extricate herself by having a criminal operation performed. Products of conception were retained and septic infection developed with acute urinary suppression. The uterus was again emptied, but in ten days the patient began to laugh immoderately, had crying spells, hallucinated, and became violent.

Is it not likely that the precipitating factors that determined the break from reality were these two: first, the mental crisis incident to finding herself illegitimately pregnant and the retention of this knowledge secretly, and, second, the physical insult of severe septic infection? What was back of this that made it possible for mental disease to develop? Is the somewhat impaired ancestral line sufficient to account for it? Is it not rather more reasonable to assume that detrimental environmental influences of childhood, adolescence, and early maturity left Virginia totally unprepared to grapple with the first serious strain directed against the contact of her personality with reality?

Case 3. Frances White obviously has dementia praecox. She broke down at the age of nineteen. At the present time she seems almost without affect life; at best there is inappropriate silliness. Her psychotic life is on an infantile level. She acts and speaks and eats like a baby. The present regression and the beginning of the psychosis are connected by a period of typical schizophrenic catatonic stupor.

Frances is the daughter of a long-lived Southern family of good standing in the community and of excellent antecedents. She was a happy, good-natured, docile, affectionate, and healthy child. At seventeen she entered college and was average in her studies, fond of dancing, athletics, and outdoor life, and was voted the best-dispositioned girl in her class. The important events that preceded the psychosis took place within a period of a few months. She was disappointed because a young man in whom she was interested went to France and stopped corresponding with her. Soon after this she became ill while attending a dance, but concealed her illness rather than miss another dance and probably went about for three days with a high fever. She developed influenza, was confined in bed for ten days, and apparently recovered. However, a few weeks later a heavy cold developed, and Frances began to lose weight and show ''nervousness''. She spoke of pains in her eyes, became seclusive, and had crying spells. A temporary period of improvement was followed by renewed complaints of ''shooting out'' sensations in the eyes, other subjective somatic discomforts, and finally definite psychotic manifestations—dreaminess, depression, resistiveness, and hallucinosis. It is of some interest that from time to time there appears transient, but quite definite ocular strabismus.

Are the interest in a young man and the disappointment that followed the cessation of social relations with him sufficient to account for the development of mental disease in an apparently normal, healthy young woman? Was the mental disease conditioned by influenza which perhaps had as a sequel encephalitis?

Case 4. Yetta Cohn developed acute mental symptoms during her twenty-third year. At staff conference there was but one dissenting opinion from the diagnosis of dementia praecox. A disproportionate affective reaction and episodic catatonic behavior were featured. The patient's condition is practically unchanged.

Yetta springs from Russian-Jewish ancestry. The family had no mental liabilities and the father was an intelligent, able, and successful man. Yetta came to this country at the age of ten. She was the third of four sisters and two brothers, all of whom have demonstrated their ability to overcome easily the handicaps that fall to the lot of the emigrant. The patient attended school in Russia and completed her education, which carried her through one year of high school and two years of business college in this country. Unusually quick and bright, Yetta was an efficient worker and satisfied the requirements of a large corporation which was quite willing to retain her as a trusted employee even though she had to work somewhat irregularly on account of continued poor health. She was kind and ambitious and social. On the other hand, as personality drawbacks, there were sensitiveness, a tendency to worry, and constant self-dissatisfaction because she could not attain to too highly placed ideals.

Since impaired physical health seemed to play an important rôle as a deterrent to a complete realization of Yetta's potential possibilities, it might be well to review her physical difficulties in detail. She suffered from irregular menstruation and considerable dysmenorrhea, which at sixteen became associated with severe digestive disturbances and intense headache; at twenty an operation for appendicitis and floating kidney was necessary; at twenty-one she succumbed to attacks of influenza, pneumonia, and pleurisy; and seven months before the mental illness, there was a recurrence of pleurisy and pneumonia. The initial attack of influenza and pneumonia was preceded by the death of a favorite aunt and succeeded by the death of her brother.

After consulting a neurologist, she telephoned him, impersonating her sister, and was told that there was a possibility of insanity. At once she became restless, agitated, suicidal, and refused food.

Is it not true that Yetta Cohn's character traits in themselves were not inconsistent with continued normality? Is not the struggle to attain highly placed ideals not only exceedingly frequent, but also often satisfactorily adjusted? Is it not, in fact, a valuable energizing life principle? May it not be assumed that in this instance the obstacles were so frequent and so serious that they made even partial accomplishment a hopeless task? May not these obstacles be largely summed up in the physical liabilities which the patient sustained? Did not the fact that the acceptance of failure was too difficult for Yetta Cohn's make-up eventually determine the crumbling of her resistance and the break from reality?

Case 5. Pearl Wilson is now in a state hospital. Mental disease appeared acutely at the age of twenty-five. Even at the end of the first year of the psychosis, the diagnostic opinion was still evenly divided between a manic-depressive and a dementia-praecox process. An apparently benign stupor, together with the intrusion of depressive trends or distractibility and flight, probably served to mask an underlying and increasing silliness and inappropriate affect reaction. Now the patient is suspicious and hallucinated.

Pearl's paternal grandmother had mental disease, her father was high-strung, and her twin sister is ''nervous'' and worrisome.

Pearl Wilson is one of twin girls, born prematurely. They had to be wrapped in cotton wool and fed artificially for a long time. Pearl progressed normally through grammar school and the first year of high school, did clerical work for three years, and then for five years acted as bookkeeper and assistant to an office manager. She was well liked by her employers and did very satisfactory work. As is often the case, Pearl's personality was much like her twin sister's. She has always been ''nervous'', excitable, intense, and oversympathetic, ''always trying to set the world right''.

During the influenza epidemic, she became seriously ill. However, she would remain in bed for only two weeks and returned to the office while still in a depleted physical condition. She had to pay severe penalties for her indiscretion and suffered with badly infected throat and ears and abscessed teeth. Insomnia appeared, probably as an expression of pathological fatigue, but the patient succeeded in holding her position for eight months. The ''pain'' in her neck and head then became so severe that she had to go to bed for six weeks. During this time she was depressed and cried a great deal. When she returned to work and found that her former duties had been taken over by another person, she worried more than the occasion seemed to demand. Pearl could not reconcile herself and sought new employment. She did fairly well for eight months and then suddenly became ''rigid and mute and could not hear or see''.

Could Pearl Wilson have evaded mental disease under favorable or even average conditions? To her heredity and character traits a certain measure of responsibility must be conceded, but might she not have escaped if it had not been for the extraneous factor of the attack of influenza, with its serious sequels, which broke through her resistance?

Case 6. Grace Lord has apparently recovered from a psychosis which appeared when she was twenty-eight, lasted about twenty months, and during the greater part of its course was far from promising in its prognostic indications. Even at this late date several opinions may be more or less logically advanced. On the basis of fever, toxicity, and a high leucocytic count in the blood stream, one must think of a toxic psychosis; paranoid ideas, together with hallucinosis, catatonia, automatism, and a seemingly irrelevant affective reaction, bring schizophrenia strongly into the foreground; and finally unmistakable depression and emotional excitation with psychomotor activity bring up the question of manic-depressive psychosis.[1]

The family record is clear, with the exception of a maternal grandfather who developed "a mental disorder" in early adult life following enteric fever. He recovered in three months, returned to his work, and crowned his career by founding what is now a large and flourishing city. Grace was the second of seven children, all of whom are normal and probably above the average in their attainments.

Grace was normal and healthy as a baby and in childhood. She graduated from high school and supplemented her education by a year at normal school and a year at a business college. Until her marriage at twenty-four, she did well as a bookkeeper and clerk. The patient had certain personality shortcomings. She was somewhat timid and self-conscious, "dreamy", though not impractical, and inclined to be over-conscientious, a tendency that was not minimized by her bringing up in a religious atmosphere. Two and a half years after her marriage and something more than a year before the onset of the psychosis, a child was born in rather difficult instrumental labor.

Grace Lord's husband may be described as "sternly upright" with an "unerring" instinct of devotion to a personal sense of duty. This led him to support, not only his parents, but a ne'er-do-well brother, and as his earnings were quite small, it was, of course, necessary to bring all these people together in one household and to practice the most rigid economy. Perhaps the situation in which Mrs. Lord was placed is most eloquently described by the fact that her husband bought her only one dress during their married life and she had only a single pair of stockings. It is said that often she did not have enough to eat. It is probable that her brother-in-law several times attempted to make improper advances.

With Grace Lord's character make-up in mind, one may readily assert that there must have been a serious conflict between the natural desires of a young married woman to have a home of her own, nice clothing, and so forth and the self-sacrificial urgings of her over-conscientiousness. Perhaps some of this appeared in the psychotic self-accusation which later developed. In any event, she gradually became increasingly self-conscious and inadequate. She began to insist that she had committed many sins against her husband and thought that dictaphones were placed about the house and that she was being followed by detectives. Just after admission to the hospital, she excoriated her skin with a nail, printing the following: "Denied a chance to confess. I was to blame."

Was any one of the factors indicated sufficient to bring about a psychosis? Since the "toxicity" appeared definitely only after the psychosis was fairly well advanced, is it fair to assume that it alone was responsible? Is it not an over-assumption to state that Grace Lord's personality would surely have led to a psychosis, no matter what the circumstances of her life had been? Did not life impose conditions—perhaps at a time when her physical reserve was lessened—which she could not consistently evade on account of her personality traits and which therefore could have in her case only the one issue of a gradual wearing away of "resistance" until contact with reality was broken?

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[1] This patient has been readmitted with a recurrence. The psychotic content at present points to dementia praecox.

Case 7. In view of Mary Cooper's history, it does not seem entirely unfair to say that mental disease in her case was merely *postponed* until she reached the age of thirty-six. Although at the present time there is a partial remission of some of the symptoms, there was never any doubt that we were dealing with an unfavorable dementia-praecox reaction. There is, or was, emotional inadequacy, mutism, catatonic episodes, and a striking regression in behavior.

The salient facts in Mary Cooper's family history are these: Her paternal grandmother was frail and "nervous" and died of tuberculosis at thirty-four; a paternal aunt was also frail and "was ill just like the patient for over a year"; her maternal grandfather died of tuberculosis at thirty-three; the father was eccentric, had an uncontrollable temper, and was probably mentally sick.

It was not surprising that Mary was an undersized baby, for, in addition to the ancestral shortcomings noted above, both her parents were undersized, and her father, who died of a stroke at fifty-three, probably also had tuberculosis. Mary herself never weighed more than seventy pounds. She was childish, "sweet-tempered", and "kind-hearted".

After completing grammar school and a commercial course, Mary was employed successively in listing alterations in the clothing department of a large store and in measuring ribbon bands for hats. At thirty-five she accidentally came into contact with an order of deaconesses, seemed greatly disappointed when she was not accepted as a member of the order, and began to ape their clothing and manner of living. Later she made several unsuccessful efforts to go abroad as a missionary. At thirty-six she bought a number of dolls and played with them alone in her room.

Would it not have been extremely difficult for Mary Cooper to remain in contact with reality? Is it not true that by reason of ancestral deficiencies she was totally unprepared both physically and mentally to play a part in the struggle for existence? Since she was practically defenseless, is it not correct to assume that even the slightest detrimental extraneous factor would have been sufficient to turn her back into unreality, from which, indeed, she had scarcely progressed?

Case 8. Helen Smith is now forty years old and has had mental disease for two years. She presents a somewhat atypical picture of involutional depression. However, she exhibits considerable agitation, resistiveness, self-accusation, and bizarre somatic and nihilistic delusional formation, which on the whole are in keeping with the affective trend. Perhaps the self-accusation is the most outstanding symptom; for instance, "I have destroyed the world by lying"; "I've fooled everybody all the time". Often her self-accusation refers in symbolized form to masturbation.

Helen Smith is the product of a brilliant, though not always stable, line of ancestors. Side by side with college presidents and professors, are recorded several instances of relatives who were badly balanced or who had mental disease. The patient early in life gave promise of intellectual capacity. Soon after graduation from college, Helen became an assistant in an important library bureau and at the age of thirty-seven accepted the position of directress. Her leadership brought a greater measure of success. She had a cheerful, sympathetic, unselfish make-up, but worried easily. It is somewhat significant that her most marked trait was extreme conscientiousness.

The following factors stand out rather emphatically in her life history: At the age of twenty-two, she developed a chronic skin condition involving the face. It did not respond to treatment and was a constant source of irritation and worry to her. At twenty-six she saw her dearest friend kicked to death by a horse, and soon afterwards her mother died suddenly. At thirty she had influenza. She had probably for some years advanced apical abscesses and low-grade kidney inflammation. All these deterrent factors were episodes, mental and physical, that stood out from the background of a personality whose dominant element was *overconscientiousness.* This was the driving force that made it almost impossible for her to stop on the safe side. This was particularly evident in the few months that preceded the final break. The responsibility of being directress weighed very heavily upon her and she gave personal attention to innumerable details. A severe attack of bronchitis confined her to bed, but in a short time she insisted on resuming her duties. A period of worry and anxiety soon merged into pathological agitation, depression, and self-accusation.

Is it fair and conclusive to say that Helen Smith's mental disease was bequeathed by her ancestry? If her heredity contained the potentiality of insanity, is it not equally true that it held similar potent possibilities for normality and even brilliancy? What, then, caused the break from reality? Is it not possible that the overconscientiousness had at its roots a constant fear of falling short of highly placed traditional and personal ideals? What rôle did the physical factors play? It is perhaps not possible to decide whether or not they were at any time in the life history dynamic or merely secondary, but does it not seem reasonable at least to assume that as they became more and more serious, the possibility of combating the long strain of a tremendous overconscientious energy diminished more and more?

Case 9. Elizabeth Taylor presents a classical textbook picture of a manic-depressive psychosis which began when the patient was thirty-nine and is now in its sixth year. Periods of manic excitement, in which there is extreme psychic and motor drive and emotional imbalance, are faithfully reproduced about six times each year and are succeeded in the intervals by markedly contrasting episodes of depression and retardation.

The patient came of sound stock—though her father is said by the patient to have had a violent temper—and had the environment and advantages afforded in the better type of average American household. She was quick-tempered, social, generous, impulsive, played hard and worked hard. At twenty-one she married a kind, considerate man and had an intimate and important rôle in furthering her husband's success in life.

In reviewing the life story of Mrs. Taylor, one comes at the age of thirty-one to a combination of physical factors which in the light of her psychotic history must be given considerable weight in considering the dynamic favoring circumstances of the psychosis. Coincident with an attack of scarlet fever, there was a miscarriage followed by infection. As permanent sequels there remained menstrual irregularity, uterine inflammation, high blood pressure, and nephritis. Mrs. Taylor carried the load of her physical liabilities for eight years before the definite psychosis appeared. One may reasonably conceive that during these eight years, there was an effort for physical, perhaps more narrowly endocrine, adjustment. The emphatic feature of her psychosis has been not so much the periodical and extreme rising and falling of the barometer of her mental life as the striking blood-pressure changes with which it is associated. For instance, during the depressed phase, the systolic reading is usually in the neighborhood of 180. It is apt to rise as the time for the excitement draws near and there is always a sharp jump on the first day of mania. A reading of 230 to 250 is usual during this period. As the depression appears, the process is reversed.

Could Elizabeth Taylor have remained normal if her physical health had not been subject to such an unusual strain? Do not the "physical" symptoms (blood pressure) of her psychosis make it not unnatural to assume that the tremendous onslaught (scarlet fever, abortion, infection, nephritis) on her physical resistance overthrew her metabolic (endocrine?) equilibrium and subsequently made possible the development of mental abnormality?

Case 10. Nancy Jones, aged forty-one, when studied in 1916 presented an involution depression. She showed a marked emotional distortion, and the psychotic behavior characteristics were in close accord with the profound apprehensive-depressive reaction. The agitation and concomitant motor restlessness were of a very severe degree. She was self-accusatory and suicidal. In about five years she recovered.

The ancestry of this patient was not notably diseased. Mental abnormality in one paternal cousin and alcoholism in one brother does not fall far below the average, particularly since the parents were normal and there are three brothers and two sisters who are entirely well and socially productive.

Until the age of twenty-five, Nancy's life history is clear. Her lot was not cast in soft places. She had to work hard and had little time or opportunity for pleasure, but she had as an asset a cheerful, industrious, and unselfish disposition. All her employers regarded her highly, and she was a splendid cook and efficient housekeeper.

Unfortunately, at the age of twenty-five, Nancy married. There were five children. Two died in infancy and three are living at the ages of fourteen, nine, and two. During the first few months of their married life, the husband revealed himself as an habitual drunkard. He frequently struck and kicked the patient, denied her the necessary money for household expenses, often put her out of the house at night, threatening to kill her and commit suicide (the latter threat he finally carried out in January, 1917), and was always disagreeable and profane. Probably Nancy should not have endured fifteen years of such abuse and ill-treatment, but she was rather helpless as to ways and means and furthermore was devoted to her children. In November, 1915, Nancy's menstrual periods ceased (menopause?) and she confided to her husband her belief that she was pregnant. Thereupon he became more vicious and abusive than ever before. Nancy became depressed, had long crying spells and severe headaches, and lost much weight. She spoke vaguely of having committed a terrible sin. There followed a period of prayer lasting a few days, and a single day during which she was manic, singing and dancing, and then appeared the more definite aspects of the psychosis.

Is it not reasonable to assert that Nancy Jones' family history and her life record for its first two and a half decades prove that her chances of getting through life without mental disease were better than or at least as good as the average individual's? Do not the fifteen years during which she endured the destructive assaults of her environment prove that she had a strong "resistance"? Was it not the unusual culmination and combination of adverse circumstances (mental torment, ill-health, menopause) that determined the final break?

Case 11. Sarah Burns became acutely ill at the age of forty-five. The outstanding symptomatic content of the psychosis—restlessness, apprehension, self-accusation with entire adequate depression—made it comparatively simple to classify as an involutional melancholia. After a period of eight months, Mrs. Burns made a satisfactory adjustment and has been well for almost a year.

Mrs. Burns comes of sound Irish-Catholic ancestry. She had only a minimum amount of public-school education and then earned her living in a glove factory and finally for about ten years was a faithful attendant in a hospital for mental diseases. The family felt that Sarah had an unfortunate disposition. She was ''nervous'', pessimistic, worrisome, superstitious, apprehensive, and overconscientious. At the age of thirty-one she married a man of her own station in life who treated her well, and they were congenial and happy.

Whether one traces Mrs. Burns' pre-psychotic history forward step by step or views it retrospectively from the vantage point of the psychotic content, there are in either case two noteworthy factors. The first is a distinct tendency to thyroid toxicity. At the age of thirty-three, following childbirth, there appeared a fullness of the thyroid gland with exophthalmos and fatigue, restlessness, and mental irritability. At thirty-nine, thyroidectomy was deemed necessary, but at forty-two the goiter again became noticeable and at the beginning of the psychosis the phenomena of Graves' disease were pronounced. The second factor is a self-induced abortion which Mrs. Burns performed at the age of thirty-one—*fourteen years before the onset of the mental disease.* The psychosis followed almost immediately upon the death of a niece from puerperal septicemia due to attempted abortion. It is evident from the patient's earlier productions that her consciousness was at once flooded with the perhaps partially suppressed recollections of her own experience. The niece ''appeared to her in a vision''; the family blamed the patient for her death; her soul was ''to be damned to hell''; and the like. The patient's retrospection during convalescence made clear many less obvious reactions.

While one may be fairly clear as to the conditioning factors of the psychosis, the question of their relationship and precedence is less obvious. In the first place, were Mrs. Burns' personality traits the result of an early thyroid dysfunction or was this latter the sequence of her emotional imbalance? At any rate, is it not true that the condition which was present at the age of thirty-three meant that year by year her ability to meet an emotional crisis became somewhat lessened? Is it not fair to assume that this emotional crisis finally appeared in the shape of the death of a favorite niece from self-induced abortion? Certain of the elements of the precipitating situation seem largely accidental, principally the fact that Mrs. Burns had to meet this crisis while she was at the beginning of the climacteric and that it was so intimately connected with a previous highly colored emotional experience (her own abortion) which must have been all the more significant on account of her religious beliefs. Would not one be justified in the opinion that if the path had not been prepared by emotional ''weakness'', either due to the endocrine disease or determining it, or if the psychic insult had not occurred or perhaps had not made its appearance at such an unfavorable time, the final step away from reality would not have been taken?

Case 12. Catherine Louis is at the present time in a state hospital. Her psychosis began about eighteen months ago at the age of forty-eight. There is a strong depressed-apprehensive affect closely paralleled by the following behavior characteristics: tremendous motor restlessness, moaning, resistiveness, blind violence directed against her immediate environment, profanity, and untidiness. She frequently says, ''I want my body back. This ain't me.''

The patient is one of seven siblings, and the family is of sturdy German immigrant stock. A sister had a ''nervous'' spell at fifty-five, but otherwise the record is clear. No one ever thought that Catherine was ''nervous''. It is agreed that she was the ''most lively'' and the ''social one'' of the family. From seven to sixteen she made the ordinary amount of progress in school, and from seventeen to thirty-four she was efficient and successful as cashier in a large department store. At thirty-four Catherine's first love affair culminated in marriage. ''Her devotion to her husband was very great. They were inseparable and never without each other. He was a cut-glass worker, and two years after their marriage, he began to have lung trouble, which was attributed to his occupation. He then developed tuberculosis and for at least ten years the patient's life was one of anxiety, strain, and constant worry.''

Immediately after her husband's death, Mrs. Louis became depressed and agitated, talked incessantly about her husband, and asked every one if it were not possible that the doctors were wrong when they had told her that nothing could be done for him.

Physically Mrs. Louis was strong and well in girlhood. It is noteworthy that for the ten years corresponding to the decade of emotional stress, there was intermittent and distinct thyroid enlargement. At intervals both before and during the psychosis, the gland became extremely prominent and was associated with other thyrotoxic manifestations.

Is it not probable that the ten-year period of mental and physical strain gradually wore away Mrs. Louis' ''resistance''? In view of her relatively sound ancestry and normal make-up, is it not reasonable to suppose that the combination of detrimental factors (long period of mental strain, menopause, endocrine dysfunction) were instrumental in breaking the contact with reality? Is it not likely that the endocrine dysfunction was effected through the agency of affective strain, perhaps the more easily because there already existed a point of weakness in the endocrine balance?

Case 13. Sophia Bronson did not develop mental disease until her fifty-third year. If she were twenty or even ten years younger, she would hardly escape the diagnosis of dementia praecox, on the basis of a paranoid trend well supported by hallucinosis. However, the thread of consistent depressive affect has never been broken. A good descriptive term would be involutional paranoid psychosis.

The family history is clear of potential sources of danger.

Mrs. Bronson was a healthy, normal child, the fourth in a family of five. Her early life was not eventful. She completed grammar school and lived at home until her marriage at the age of twenty. During the first two decades of her married life, she was contented—''never got cross or excited; always calm and quiet''. She has two sons. The first was born two years after marriage and is a dwarf and hunchback, but possessed of normal mental equipment. When Mrs. Bronson was forty years old, she discovered that her husband was infatuated with another woman. Although he persistently annoyed her in order to gain her consent to divorce proceedings, she steadfastly refused. Even when he decided to live openly with the second woman, she still held to her determination and supplemented the uncertain support received from her husband (he had failed in business) by keeping house for her youngest son. It is somewhat difficult to understand just why Mrs. Bronson refused to take what seemed to be the only practical step under the circumstances and to coöperate in a legal separation. It is possible that she felt it was rather late in life to attempt a readjustment and hoped against hope that eventually the tangle would be straightened out.

Gradually her disposition changed and her even temperament gave way before worry and sadness. However, she was able to keep her contact with reality for almost thirteen years, when she suddenly became excited, apprehensive, and suspicious, said that her husband was sending people to annoy her, and was actively hallucinated. Her climacteric began at about the age of forty-eight.

Is it not true that in view of her normal ancestry and her clear record during childhood, adolescence, and maturity, including twenty years of married life, the supposition would be that Mrs. Bronson would pass through life without breaking contact with reality—in other words, with perfect sanity? Do not the thirteen years during which she faced a difficult situation indicate that her ''resistance'' was strong? Is it not possible that she might have met and come through the situation safely if it had appeared during the third or fourth decade of her life, when her powers of resistance were on the increase, instead of at the beginning of the fifth decade when they were beginning to wane and added detrimental factors—as, for instance, the menopause—would have to be considered?

Case 14. Carrie Brantwood, at the age of fifty-four, is in the fifth month of an involutional melancholia.[1] The initial distinct apprehensive affective reaction is at present somewhat obscured, as most of its motor and ideational concomitants are hidden by the curtain of a stupor, but it is evident from the facial expression and the occasional perplexed productions that the emotional life has not been lost.

Carrie Brantwood was born in a small Pennsylvania village. She has two younger brothers, both of whom are married and successful in business. On rather slim and somewhat biased evidence, it is said that the maternal grandfather was a reprobate and that the patient's mother is excitable, stubborn, and opinionated.

Until her marriage at the age of twenty-six, the patient's life was typical of the average small American village. From six to eighteen she attended the village schools and was an average pupil; from eighteen to twenty-six she worked at dressmaking. From the several accounts we may picture Carrie Brantwood at the beginning of her married life as a happy, sociable, rather sensitive, but essentially normal young woman. A few years before the onset of the psychosis, she is described as morose, silent, almost ''seclusive'', ''afraid to talk'', ''keeps away from people''. What brought about such a regression of personality? In the first place, life was made somewhat difficult for the Brantwoods by obstacles that, while trying, were certainly not in any way unusual. The husband was a minister and later taught in a small college, and as he was generally in poor health, the financial outlook was always precarious. However, Mrs. Brantwood was neither extravagant nor selfish. She cheerfully made the best of conditions and took an active interest in her husband's church work and nursed him when he was ill. She had one child, a daughter, now twenty-seven years old. The climacteric began four years ago.

Perhaps one can best express the *avoidable* handicaps to which the patient was subjected by quoting from the records: ''The husband has a single-track mind and is self-centered and inconsiderate. His wife has suffered from his neglect for many years. He often criticizes her and does not hesitate to correct and humiliate her in public. He is a 'crank' about food, often lives on breakfast food, and if something did not suit him, he would throw it across the room. He did not permit her to handle money and bought the food, the furniture, and even his wife's clothing. 'When she became ill, he neglected her, and she was found by a relative alone, seriously undernourished and without medical attention.' It was then that Mrs. Brantwood began to repeat, 'I sat alone, I sat alone,' and soon after became agitated and apprehensive, believed that she had destroyed the world, and could hear the coals being put on the fire which was to consume her.''

Is it possible to overlook the tremendously serious detrimental factors with which Mrs. Brantwood had to contend in any attempt to evaluate the genesis of her psychosis? Would it not be somewhat questionable to seek in her ancestry the entire explanation, when a more rational one is at hand in her own life? Did not the long struggle against a situation that was not only impossible, but unescapable create a vicious circle, which had so reduced her resistance at all points that when she came to a critical period, a psychosis was the natural expectation?

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[1] After several years, the condition is seemingly chronic.

Case 15. Annie Blank passed through the critical phase of her psychosis so many years ago (the onset was in 1906 at the age of sixty-two) that it is difficult to assign her even to one of the unsatisfactory diagnostic niches which are provided in psychiatric nomenclature. The condition that she presents to-day has been maintained at the same level for more than a decade. Probably the mild depressive affective reaction is in alignment with quiet, inactive, unresponsive, but not uncooperative behavior, so that it is difficult to postulate a deteriorating psychosis.

Annie Blank should have found an almost inexhaustible reserve of mental strength in her ancestry. There is no discernible trace of abnormality in the family history. One may, perhaps, find a strong suggestion of the truth of this statement in the fact that her seven brothers were all intelligent, capable, and successful in a diversity of occupations.

One may look in vain for definitely dangerous trends in the first two decades of Annie Blank's life history. She was social, rather meek, gentle, and unselfish. After having received the equivalent of a college education, she married at the age of eighteen. She bore eleven children, six sons and five daughters, but the following quotation from the records shows that her life was far from happy: ''Soon after her marriage her husband began to be overbearing in his manner, neglected her, and made it unpleasant for her friends. He was irresponsible, did not provide for his family, abused the patient and the children and often threatened to kill them, was a chronic alcoholic and immoral. The patient was lonely and unhappy and in a constant state of terror. Later, after the climax of her life had passed, there were more or less half-hearted attempts to live with her grown children at their solicitation, but always her husband was able to frighten her into returning home.''

Just prior to the onset of the psychosis, there was a struggle with her husband, and the patient's arm was broken. Soon afterward she became noisy, violent, and fearful of being killed, and refused food because ''it was poisoned''. Even at the height of the psychosis, it is evident that the patient regarded the hospital as a haven, for she was constantly apprehensive lest she be taken away.

Even disregarding the favorable heredity, do not the last four normal decades (twenty to sixty) of Mrs. Blank's life prove that she used all of her reserve equipment in ''resisting'' and combating overwhelming odds? Is it not likely that this resistance was eventually worn so thin by long contact with an unfavorable environment that the final break could have been accomplished by any trivial incident?

Analysis of Cases

Before attempting an analysis of the factors that in these fifteen patients seemed to undermine the defensive strength and make inevitable the translation of reality or sanity into unreality or insanity, it may be well to state several reservations. In the first place, it is exceedingly likely that only outstanding points came into the retrospective field of vision and many important facts may have been omitted. Again, it should be repeated that the study of these cases from the "long-section" viewpoint is not at all exclusive of possible directly specific agents, though thus far in psychiatry no etiologic theory of the "this or nothing" type has deserved advancement beyond the theoretical stage. Finally, the objection that other individuals might be placed in exactly similar circumstances to those related and still escape mental disease should be anticipated. This is, of course, not to be denied, but it does not interfere with or invalidate the idea that is expressed. Briefly, this is that in each human being there is an utilizable amount of resistance, no more and no less, and if detrimental influences, whatever be their nature—hereditary, physical, or psychic—overbalance this defense, the connection with reality ceases. It is somewhat doubtful if the hypothetical supernormal being who can successfully resist every combination of detrimental onslaughts directed against his somatic and mental well-being has ever or will ever exist. In other words, it is probably as true in psychiatry as it is in internal medicine that the power to withstand is limited and may be overtopped by a combination of adverse conditions.

In the following table, the prominent available determining life incidents in the patients studied are enumerated. They are primarily and arbitrarily graded alphabetically according to the order of their importance. Sometimes they include both physical and psychogenic elements and then they are listed under both headings. A dash indicates absence or relative insignificance.

	HEREDITY	PERSONALITY	ORGANIC	PSYCHIC
Mary Brown—Case 1.	Paternal grandfather criminal, father epileptic, mother and maternal uncle insane. (A)	Self-willed, dramatic, affected, sensitive, and seclusive. (B)	Unfavorable environment from early childhood. (C)	
Virginia Green—Case 2.	Maternal grandfather senile dement, maternal uncle insane, maternal aunt peculiar. (D)	Sensitive, "spoiled". (C)	Septic infection. (B)	Illegitimate pregnancy, criminal operation. (A)
Frances White—Case 3.	———	———	Influenza and encephalitis(?). (A)	Love affair(?). (B)
Yetta Cohn—Case 4.	———	Sensitive, worrisome, and overconscientious. (B)	Dysmenorrhea, chronic digestive disturbance, intense headache, surgical operations, influenza, pneumonia, pleurisy, and fatigue. (A)	Death of aunt and brother. (C)
Pearl Wilson—Case 5.	Paternal grandmother insane, father "high-strung". (D)	"Nervous", excitable, and intense. (B)	Influenza with sequels, infected throat and ears, abscessed teeth, and fatigue. (A)	Worry about work. (C)
Grace Lord—Case 6.	Paternal grandfather post-typhoidal psychosis. (D)	Timid, "dreamy", overconscientious, idealistic. (B)	Instrumental labor, poor health. (C)	Unhappy conditions of domestic life, attempted sexual assault. (A)
Mary Cooper—Case 7.	Paternal grandmother and father insane, both parents organically inferior. (A)	"Childish" and defective and inferior physically. (B)	———	———
Helen Smith—Case 8.	Unstable, often brilliant, and successful. (C)	Worrisome, overconscientious. Sense of inferiority. (A)	Chronic skin condition of the face, influenza, apical abscesses, kidney inflammation, bronchitis. (B)	Sudden death of mother and friend. (D)

	HEREDITY	PERSONALITY	ORGANIC	PSYCHIC
Elizabeth Taylor—Case 9.	Father violent-tempered. (C)	Quick-tempered, impulsive. (B)	Scarlet fever, miscarriage, septic infection, nephritis, high blood pressure, endocrine disorder(?). (A)	——
Nancy Jones—Case 10.	Paternal cousin insane. (C)	——	Fatigue, undernourishment, ill health. (B) Climacteric	Constant worry and fear. (A)
Sarah Burns—Case 11.	——	"Nervous", pessimistic, worrisome, superstitious, apprehensive, overconscientious. (C)?	Endocrine (thyroid) overbalance. (B)? Climacteric	Mental conflict arising from self-induced abortion of a niece. (A)?
Catherine Louis—Case 12.	——	——	Endocrine (thyroid) toxicity, fatigue. (B)?	Anxiety, strain, and worry over husband's illness. (A)?
Sophia Bronson—Case 13.	——	——	Climacteric	Husband unfaithful. (A)
Carrie Brantwood—Case 14.	Paternal grandfather reprobate(?). Mother excitable and stubborn. (C)	——	Sick, undernourished, and fatigued. (B)	Constant worry about unhappy marriage. (A)
Annie Blank—Case 15.	——	——	——	Worry and fear due to alcoholic, immoral, abusive, and irresponsible husband. (A)

Although the number of patients studied is far too limited to possess any statistical value, yet it may be interesting to attempt a brief summary. In two cases—Mary Brown and Mary Cooper—the influence of heredity was overwhelming, which is tantamount to saying that practically from birth the amount of resistance that the patient was able to interpose between herself and ordinary environmental exigencies was negligible. In four instances—Virginia Green, Pearl Wilson, Helen Smith, and possibly Carrie Brantwood—ancestral unsoundness perhaps made the development of mental disease less difficult, but it is doubtful if alone it would have been significant. In three cases—Grace Lord, Elizabeth Taylor, and Nancy Jones—it was easily overshadowed by other features, and in the case of the remaining six individuals, the family stock was probably somewhat better than the average.

Personality may be regarded as the eventual outcome of inherited tendencies plus the individual's reaction to environmental advantages and disadvantages, and it acquires tremendous importance either as a liability or an asset in meeting the problems of living. In six of our group—Frances White, Nancy Jones, Catherine Louis, Sophia Bronson, Carrie Brantwood, and Annie Blank—the "make-up" was definitely a helpful one; in Helen Smith it seemed to act as a driving force which, when its effectiveness was blocked by insurmountable obstacles, largely determined the final issue between sanity and mental disease; in at least three patients—Yetta Cohn, Pearl Wilson, and Grace Lord—and doubtfully in another—Sarah Burns—it appeared to have a strong regressive pull.

The weakening of resistance by organic determinants was marked in Frances White, Yetta Cohn, Pearl Wilson, and Elizabeth Taylor, and in Virginia Green, Helen Smith, Nancy Jones, Sarah Burns, Catherine Louis, and Carrie Brantwood it was very prominent.

The so-called psychic insult stood out in eight cases—Virginia Green, Grace Lord, Nancy Jones, Sarah Burns, Catherine Louis, Sophia Bronson, Carrie Brantwood, and Annie Blank.

In order to estimate the psychosis as a total and lifelong reaction, the association of the several motivating elements of the history and their relation in point of time as they appear on the surface should be scrutinized. In Mary Brown a pathological personality was the natural outgrowth of a grossly defective inheritance, and the final step into mental unreality was easily taken at the age of nineteen. In Virginia Green the mental crisis induced by the guilty secret knowledge of an illegitimate pregnancy plus septic infection following a criminal operation, which together seemed to be immediately dynamic, was brought about in a few months, but the character make-up on which they reacted so destructively was the outgrowth of a deficient environment during girlhood and early adult life. In Frances White the transition to unreality was acute—corresponding to an overwhelming infection. In Yetta Cohn there was the irreconcilable clash between overconscientious idealism, with a desire to accomplish, and increasing physical limitations, which covered a period of at least seven years. In Pearl Wilson the physical and mental strain was moderately acute, but the none too resistant temperament was years in the making and its development was presumably favored by the unhealthy ancestral strain. In Grace Lord there was an unsolvable conflict, lasting more than three years, between adverse conditions imposed by an unhappy domestic life and natural longings, with an innate and long established personal inability to force a conclusion. In Mary Cooper it is not unlikely that the psychosis was largely determined before the patient was born. In Helen Smith the irrepressible urge of personal and traditional ambition sought to satisfy a sense of inferiority and gradually, over a period of at least sixteen years, this unavoidable task became more and more difficult, due to the accentuation of somatic and psychic stresses. In Elizabeth Taylor the physical machinery was irretrievably damaged at the age of thirty-one, and nine years later the mental health broke. In Nancy Jones the resistance was continuously assaulted for fifteen years. In Sarah Burns, with a background of abnormal character marks, a vicious organic-psychic circle was established at thirty-one and reached its breaking point fourteen years later. In Catherine Louis there was a decade of psychogenic-somatic strain. In Sophia Bronson there were thirteen years of struggling against a hopeless environment. Carrie Brantwood lived for many years in inimical and uncompensated surroundings; and Annie Blank survived mentally forty-four years in a world filled for her with destructive forces. Thus, in only one instance (Frances White) may we be dealing with a possible single etiologic agent; the remainder of the psychoses may be tentatively and most instructively regarded as lifelong non-specific reactions, which may be said to have been occasioned by a multiplicity of non-specific causes.

Incidentally, the diagnostic-prognostic indications in several of these patients are worth mentioning. Virginia Green recovered apparently in the face of a malignant psychosis, and in Pearl Wilson the early outlook was promising, but subsequently had to be reversed. Perhaps the former had a slight advantage from the standpoint of heredity; in any event, her personality traits were less unfavorable and certainly the conditions that life imposed before and that might be looked for after the psychosis were distinctly less difficult and there were fewer obstacles in the way of a return to normality. In Elizabeth Taylor and Catherine Louis the mental disease became chronic, although from the standpoint of strict clinical psychiatry, they had rather favorable affective reactions. In both instances it seems not unlikely that the emotional upheaval and an endocrine imbalance are closely related and continue to set each other in motion in a pathological and more or less automatic manner. In Carrie Brantwood and Annie Blank we are probably dealing with non-deteriorating states. They seemed to have been resultant upon a long struggle with adverse conditions and the environmental situations engendered seemingly still obtain even at this late date.

Conclusion

What are the advantages and disadvantages of thinking of mental disease in tentative terms of non-specificity? The primary objection that independent lines of investigation with a single objective might be hindered is hardly valid. In our fifteen cases defective heredity, personality shortcomings, and physical and psychic stresses were brought into the field of inquiry. According to the inclination of the individual neuropsychiatrist, any one of these may be emphasized. There is only the reservation that others should not be ignored. For instance, in Helen Smith the attention might presumably be closely focused on the apical abscesses, and in Sarah Burns on the repression or partial repression and conflicts, but a blind spot should not be developed for other plus and minus resistance quantities whether they be traceable to heredity, personality, somatic, or psychogenic factors. At most, a healthy check is placed on the tendency to regard every hypothesis as an incontrovertible fact. Thus the door of research is left open to its widest possible extent.

The non-specific conception demands a painstaking ''long-section'' rather than a ''cross-section'' survey. The advantages to therapy should be obvious. One is left with a number of more or less measurable quantities, and the approach is at once broad and comprehensive. The removal of infected teeth, tonsils, or other demonstrable pathology need not and should not exclude legitimate psychotherapeutic procedures in the same or in another case, and vice versa. In the present state of our knowledge, this is the only fair treatment method for the patient.

For prophylaxis and mental hygiene the gain is even more pronounced. Once we know, even if it be only approximately, the various conditions on the basis of which a psychosis appears to develop, we can begin to devise protective measures and formulæ to be utilized in an attempt to decrease the percentage of mental disease. Even heredity may not be dismissed as ''a fixed quantity in the equation''. A better understanding of its workings may lead to the evolution of valuable safeguards with both an individual and a social application. Surely the personality is not rigidly predestined. Is it not thinkable that a potential psychosis may often be turned into safe channels after we have had enough experience to point out certain common and avoidable personally injurious and environmental shortcomings? Certainly a more exhaustive analysis of somatic and psychic insults would not be fruitless. The question of fatigue alone and its safe limitations is of far-reaching psychiatrical import. The subject of the ultimate relationship between somatic processes and harmful affective states has scarcely been touched. Even a loose measure of the deteriorating effect of abrupt and critical or chronic and accumulative emotional strains on the mental health might provide certain wise precautions—at least comparable, for instance, in importance to the better understood forethoughts of sanitation and hygiene in respect to public health. These and similar benefits, both to the individual patient and to psychiatry, can scarcely accrue from any hypothesis that restricts itself to a single point of view.

CONCERNING THE RELATIONSHIP BETWEEN RELIGIOUS EXPERIENCE AND MENTAL DISORDERS

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WHILE looking over the books in a psychiatric library some months ago, I was surprised—in fact, startled—to find a four-volume treatise entitled *The Insanity of Jesus (La Folie de Jésus)* by a professor of psychiatry in the University of Paris. It had never before occurred to me that any man could take such a serious view of the mental condition of Jesus as to use up four sizeable volumes upon it, much less that there was sufficient evidence in regard to it to occupy so much space. A glance at the contents told me at once more about the writer than it did about Jesus. He is entirely hostile to religion in any form. Not only was Jesus a degenerate paranoiac and a weakling, but Paul, Augustine, Ezekiel, and other religious geniuses were all afflicted with "*paranoia théomanique*", and if they were living to-day, would very properly be confined in hospitals for mental disease. The author is intemperate and violent in his tone, he is lacking in any sense of value or proportion, and he is wholly uncritical in his use of sources. He is not, therefore, to be taken over-seriously.

This book has, however, drawn my attention to a problem of great importance concerning which I find a growing body of literature. Not only Dr. Binet-Sanglé, but also a Dr. Hirsch and a Dr. Lomer have made psychiatric studies of Jesus and contend that he was a paranoiac. A Danish authority named Rasmussen is of the opinion that he was an epileptic. Meanwhile psychiatric studies of other great religious geniuses are appearing by the score, not merely from the pens of over-rash Freudians, but also from adherents of the more orthodox schools. The theologian, on the other hand, if he is not serenely oblivious to these psychiatric ventures, is very indignant at what he considers assaults upon the heroes of the faith. He is even apt to resent Professor James' sympathetic *Varieties of the Religious Experience,* because it dares to suggest that there is a connection between experiences that to him are sacred and of supreme value and experiences that have in them many elements of the morbid and pathological.

The suggestion that I would offer is that the psychiatrist is right in drawing attention to the common characteristics in the experiences of individuals whom we regard as religious geniuses and those of patients in our hospital for mental disease, but that he has failed to recognize with sufficient clearness the sharp contrast and the real line of demarcation between them. I would offer the further suggestion that the common characteristics are due to certain common causative factors and that therefore study of the one type in the light of the other may be of real value in solving the problem of effective treatment for those who are suffering from mental difficulties, both in their incipient and in their more developed stages.

In making this suggestion I am of course assuming that many mental disorders are of mental rather than physical origin, and that in such cases a conflict is probably at the root of the difficulty. Such conflicts, as I view them, are in themselves neither good nor bad. They often represent an intermediate stage through which certain individuals must pass if they are ever to reach a level of development at which their interests, instead of being devoted exclusively to baseball and jazz music and matters that savor of the pornographic, or perhaps being bound up in some hope that cannot be realized, become genuinely attached to things that have enduring value both for the individuals themselves and for the race. Such conflicts are found in all those experiences which the religious worker calls conversions. Not infrequently such conversion experiences are accompanied by voices and visions and other automatisms which the psychiatrist regards as pathological. But the conversion experience has this characteristic: it results or tends to result in a reintegration of the personality around what the individual regards as the purpose of life. The conversion experience, in other words, tends to bring the individual into harmony with himself and with his environment.

But conflicts do not always result happily. Sometimes they result in defeat or demoralization or more or less permanent cleavage. This, as I see it, is the explanation of some psychoses. But between these two end states of clear-cut victory and unification and clear-cut defeat and demoralization there may also be a condition of acute conflict or of unstable equilibrium. This unstable equilibrium I regard as the explanation of many cases of "psychoneurosis" and perhaps of some "manic-depressive" types of mental trouble.

According to this view, the significant thing about Jesus or Paul or Augustine is not the presence or absence of certain pathological phenomena, which may have been incidental to some severe conflict through which they had passed and the consequent sensitizing of their minds; the significant thing is the end attained in terms of character and social helpfulness, in the breadth of their sympathies, in the unification of their interests around a great and socially useful purpose, and in the serenity and beauty and strength of the resulting personality. It is, therefore, of the greatest importance, in the treatment of any case of mental difficulty, to take into account the character of the conflicting forces and the general direction in which the personality is tending. Medical workers are, I think, beginning to see this, and there is significance in the fact that specialists in mental disorders are entering the domain of philosophy and ethics and religion, and are speaking with an authority that the philosopher and the theologian, who start with abstract ideas or traditional dogmas, no longer possess. The physician, as a result of his empirical method and his careful, systematic study of living men and women, has thus in very truth become a physician of souls, while the traditional "physician of souls", clinging to his traditional methods, has become merely the custodian of the faith.

This raises the question of the relationship between the medical and the religious worker and the need of coöperation between them. The view may be taken that the medical worker has the field and that the religious worker has now become unnecessary so far as treatment of mental disorders is concerned. My own view is that the religious worker, with all his limitations and with his waning influence, has yet in his keeping three things that are of fundamental importance in dealing with this problem:

1. A message with regard to the ultimate realities of life that has brought comfort and hope and strength to many a sufferer. Inasmuch as a sense of being out of adjustment with what they conceive to be the purpose of life is characteristic of many sufferers from mental disorders, the guidance of a wise religious teacher should be of great value.

2. An effective means of reëducation through suggestion in prayer. The religious man who is true to the teachings of Christianity has all that M. Coué can give him and much more.

3. A group of socially minded people of whom the religious worker is the chosen leader and through whom he can greatly multiply his own effectiveness. Such a group can be utilized to provide a wholesome environment for the man in distress.

The task of most religious workers is and must always be to deal with these problems before they reach the advanced or acute stages that we meet with in the hospital for mental disease. But to be able to do this effectively, religious workers must have a far better understanding of such problems than they have to-day. To this end there should be specialists in this field who would have much the same relationship to the average pastor that the medical specialist has had to the old-time general practitioner. Such specialists, working in coöperation with medical workers, can bring to bear upon certain acute and difficult cases such insight and experience as the group of religious workers may possess. They can also serve as ''liaison officers'' between medical workers in psychiatry, with their already advanced knowledge, and religious workers at large. Such a plan, by using machinery already in existence, could without additional expense to the state greatly increase the effectiveness of psychiatric work, not merely in the way of prevention, but in the matter of more sympathetic oversight of discharged patients. I do not mean by this to imply that the medical profession does not already possess facilities for this work, but I do say that the problem is one of such magnitude that the church can help. This applies not merely to local communities, but to hospitals as well. Those who have had any experience in hospitals for mental disease know that, except in the expensive private sanitaria, the physicians are so busy with their routine duties that conferences with the patients, even though recognized as desirable, are almost out of the question.

In suggesting this plan I am under no illusion as to the present equipment of the average pastor for such work. His academic preparation has not included the consideration of such problems. He finds himself quite at a loss when he meets them in actual life. The one chief piece of machinery that the Protestant Church has worked out for dealing with the man who is sick of soul is the "revival meeting", and it is an open question whether this method in practice does not do almost as much harm as good. What I do see is the potential power of the church to contribute to the solution of this problem. I also see the influence upon the church of a new method which will lead the trained religious worker to study the human personality and the forces that operate upon it as medical workers have studied the human body and its behavior.

SOME COMMUNITY ASPECTS OF FEEBLEMINDEDNESS*

GORDON HAMILTON

Secretary, Subcommittee on Feeblemindedness, Charity Organization Society, New York City

IN February 1922, a subcommittee of the Charity Organization Society of New York City was formed for the purpose of studying the problem of mental defect among the families under the society's care. It had been found that from 12 to 15 per cent of the entire case load of the society consisted of diagnosed cases of mental disease and defect. The addition of undiagnosed, but suspected cases would bring the total to about 25 per cent of the annual case load. This would not include the innumerable slighter "mind twists" familiar to us all.

The committee was composed of Miss Sarah Dean, Chairman, and member of the Committee on Coöperation and District Work; Miss J. C. Colcord, District Superintendent; Miss Helen Large, Secretary of Gramercy District; Dr. Clarence Cheney, of the Utica State Hospital; Dr. Samuel Heckman, of the City College of New York; Dr. Frankwood E. Williams, of The National Committee for Mental Hygiene; Miss Gertrude Scott, of the Jewish Board of Guardians; Mrs. Mary Paddon, Commissioner of the State Probation Commission; and the writer.

This study was undertaken chiefly because of the growing feeling among the staff workers of the society that feeblemindedness in the family group constitutes to-day a problem more disintegrating to family and social welfare, more baffling to progressive social case-work, than almost any other single maladjustment. It is in keeping with the spirit of our age that case-workers should try to make a more scientific approach to those world-old enemies of social progress—venereal disease, chronic poverty, chronic unemployment, desertion, mental disorders, and the like. Family situations that have defied the most thoughtful, the most scientific, and the most thorough individual treatment that our present skill can command still confront case-workers, and some of these situations are now being referred to special committees and to special research workers for more thoughtful investigation, more careful evaluation, and fresh interpretation.

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* EDITOR'S NOTE: In view of the somewhat discouraging data presented in this paper, it may be well to state that Miss Hamilton is preparing an article on community supervision of the feebleminded, which will deal with some of the more hopeful aspects of the problem. This second paper will be published in an early number of MENTAL HYGIENE.

Many facts long familiar to social workers have lain buried waiting for the spade and chisel, like the tomb of King Tutankhamen. There is this difference—the treasures of that old Egyptian king will go into some museum, but the facts of social science, unearthed, compared, and correlated, may be fitted into a fresh and vital program for the betterment of the community.

The following study is part of a long report, submitted to the above-named committee, on various social aspects of feeblemindedness in New York City. The field study was made in the summer of 1922 to establish certain facts with regard to the social adjustments that had been made by an unselected group of mental defectives known to the Charity Organization Society.

Case-workers have long since abandoned the *clichés* "worthy" and "unworthy" and are concerning themselves with the conditioning factors that make families dependent or antisocial. More and more they are realizing how greatly feeblemindedness contributes to the difficulties of extensive relief work on the one hand and intensive case-work on the other. Under existing conditions, relief can rarely be given so as to react to the permanent benefit of the individual, and the most thoughtful case-work proves in some situations abortive. As Dr. Fernald says in his *What is Practicable in the Way of Prevention of Mental Defect*[1]*:*

"Some of our methods of care have so propped up the defective and relieved him of burdens that he has been enabled the more easily to live and propagate his kind. In fact, with the very highest motives, modern philanthropic efforts often tend to foster and increase the growth of defect in the community. . . . The one effective way to diminish the number of the feebleminded in future generations is to prevent the birth of those who would transmit feeblemindedness to their descendants.''

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[1] Boston: Massachusetts Society for Mental Hygiene, 1916. Publication No. 6.

The Charity Organization Society naturally cannot employ this ''one effective method'', and year by year is called upon to alleviate a situation that often does not permit of alleviation, and to shoulder responsibilities that properly belong to the city and to the state—not that the city and state are unaware of their responsibilities, but everywhere the matter is being touched only in spots. There are children now in the grades who should be in special classes, and children in special classes who should be in institutions, and thousands of irresponsible adults without intelligent supervision of any kind. Case-workers are asking what are they to do about a feebleminded child at a standstill in school whose school principal does not believe in ungraded work. Many of the public schools have not—and so far as we know, none of the parochial schools has—ungraded classes. What are case-workers to do with a promiscuous feebleminded woman of child-bearing age who eludes supervision or institutional care? What are they to do with the affectionate, moral, but utterly disastrous feebleminded wife and mother who can lawfully bring up eight or ten children under conditions that should have been intolerable in the Middle Ages? What are they to do with a good-looking, high-grade mentally defective father who is, as the phrase goes, ''doing no harm'', but whose neglected children are furnishing some of the behavior problems, dependents, and delinquents of their generation? What are they to do with a feebleminded, epileptic child whose brothers and sisters are kept out of school in order to care for him? And while some experts say, ''Why, these people should be committed'', and others say, ''Why, they should be supervised in the community'', case-workers in a city like New York find that often, as a matter of fact, neither course is practicable.

Miss Mabel Matthews, head worker of the Massachusetts School for the Feebleminded, in MENTAL HYGIENE for April

1922, has given us a very interesting and encouraging study of one hundred institutionally trained male defectives in the community under supervision. These boys, who had been paroled from the institution, had been at large in the community for from ten months to five years, and the conclusion of Miss Matthews' pamphlet is that, with few exceptions, they are distinctly making good. She speaks of these boys as being "unselected", but from the point of view of the family case-worker, an institutionally trained group of boys is a very selected group indeed. An agency like the Charity Organization Society has to deal with men and women, working boys and working girls, children in school, and children excluded from school, with all degrees of training, down to none at all.

The committee decided to make an intensive study of one hundred of our cases selected only on the basis that a diagnosis of mental defect had been made at least five years previously. It chose, perforce, five years, because it was in the year 1916–17 that the society began first to employ an improved system of differentiated statistics and therefore it was possible to pick out by diagnosis mental defectives of this period without reading through the whole case load. The statistical department supplied the names of one hundred and fifty-six cases closed in 1916–17. The records of all these cases were read, and about one hundred and thirty-five were picked out at random for visiting. About a score were eliminated, either because the diagnosis was in some way incomplete or because the families had drifted away, leaving few or no clues for following them up.

We have talked with institutional workers, parole and after-care workers, in New York, and on the whole have found them optimistic, much as Miss Matthews is optimistic, as to the social prospects of institutionally trained defectives in the community. We noticed further optimism at the Mental Hygiene Conference of the State Charities Aid last August, when more than one doctor said from the platform that the care of the feebleminded was relatively—*i.e.*, in comparison with the problem of mental disease—a simple problem. One heard the same cheery note also at the National Conference of Social Work at Providence, last June. The slogan seemed to be: Diagnose them early, give them special training, and for the most part parole them. On the other hand, we found workers in family case-work and workers with children pessimistic. Their attitude seemed to be that case-work in mental deficiency simply meant effort so far out of proportion to results, supervision so much more intensive than they could hope to give, that they were discouraged at the start. Probably these social workers would readily admit that mental defect is, eugenically and medically, a simple problem and that a constructive social program is not difficult to formulate, but in practice they are apt to group all mental defectives together and regard them as a bad job.

Miss Elizabeth Dutcher, in a paper entitled *Possibilities of Home Supervision of Moron Women,*[1] says: "Many thoughtful case-workers who meet other family problems with elasticity and the originality that is born of wide background and much practical experience seem to stop thinking when they approach this problem, to assume a hopeless attitude, and to take it for granted that good case-work is impossible in this field, that the one thing that can be done is to work for better custodial provision for such abnormal persons."

It was especially with the idea of discovering, so far as possible, the nature of a group of cases typical of our characteristically unselected family fields that a long look was directed at one hundred diagnosed families.

As to the accuracy of the statements that follow, any one who has done this sort of family work knows how difficult it is to get really reliable information. In practically every case, at least one personal visit was made, the few exceptions being in cases where the families were actively under the care of another reliable agency. This personal visit was checked, so far as possible, by reports obtained from schools, agencies, relatives, employers, and institutional records, if any, and, perhaps most important of all, by the drift of the case record itself. One found situations in which the family account of the patient's progress did not agree with other records or with facts already in the possession of the Charity Organization Society. One found situations in which the report of a coöperative agency was inaccurate and was corrected only by the merest chance, as in the following incident:

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[1] *Proceedings of the National Conference of Social Work,* 1921, p. 273.

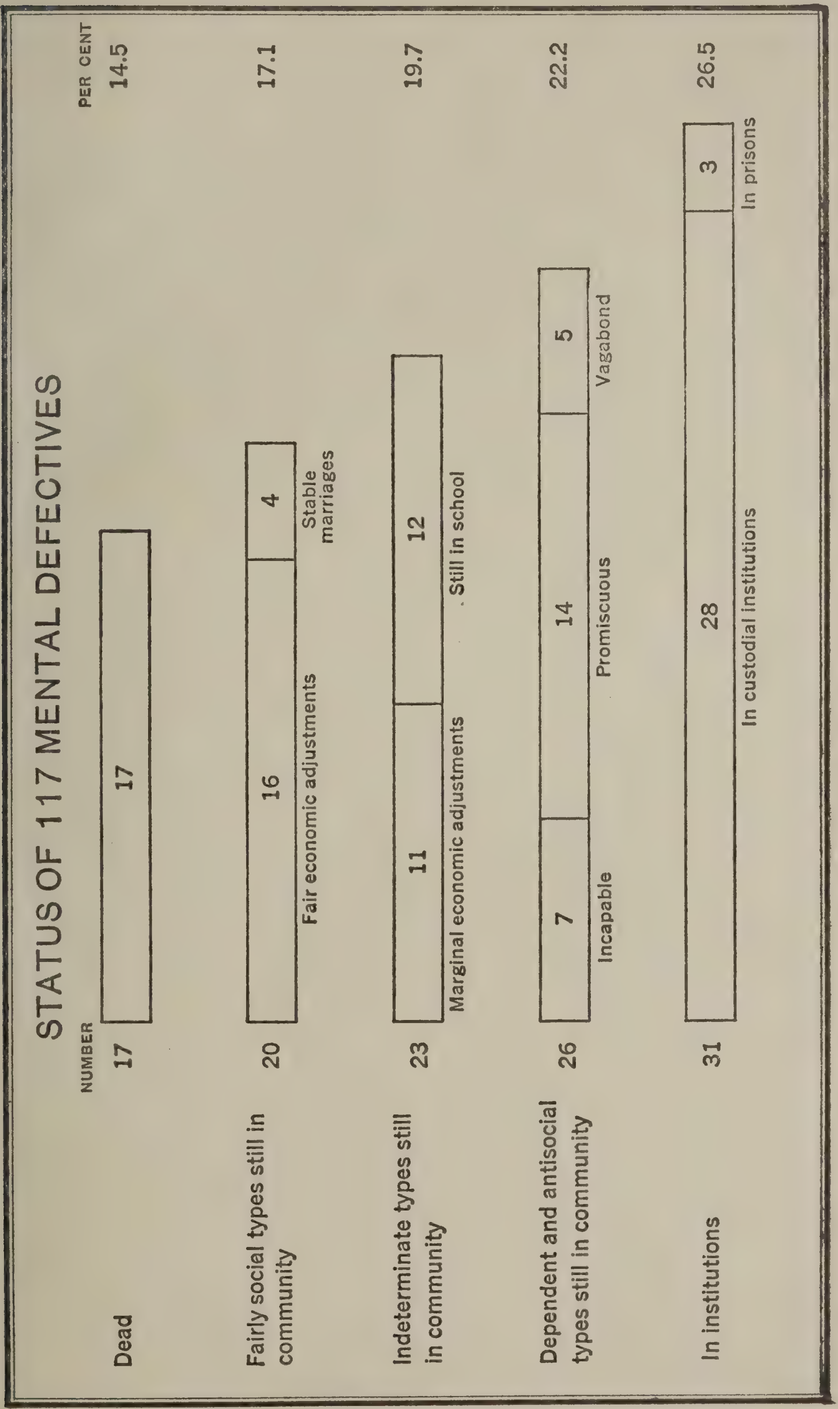
A field worker of another agency reported that we need not visit the family of a certain boy as the boy was getting on well, and had been an entirely reliable member of society for some time. His mother and relatives gave a glowing account of him. It happened that the Social Service Exchange had a note that this boy had been recently in the children's court, and the court records supplied the interesting information that he had been on parole for juvenile delinquency for several months. It was quite natural that the mother should give to all comers the sort of glowing account that her apprehensions prompted. She, of course, did not want the boy to go to a reformatory.

Another instance of the difficulty of procuring reliable statistics appeared in this case. Fortunately it happened early in the field work and was an unusual incentive to careful case reading and to checking up wherever possible. We talked for two hours to an intelligent Polish friend about a defective girl, Lulu, whose prognosis in 1916 in the ungraded classes was clearly unfavorable. The Polish friend, however, gave a realistic account of Lulu's success as a nursemaid, giving her salary and the length of time she had held the position. It was hard to believe that our Lulu had done so well, but the friend was convincingly circumstantial. She maintained stoutly that Lulu was much better in "the head", although slow, and it was only after we got up to go that her casual mention that Lulu's job was hard because of her lame leg arrested our departure. Back in that old Charity Organization Society record was an entry to the effect that Lulu's mother suffered from a slight lameness of the left side and from headaches. Carefully we went over the ground again. Suddenly the friend cried out, "Lulu! You mean the one 'sick in the head', not headaches! She died of water on the brain in Passaic in 1919." And sure enough, our Lulu had died of cerebral hemorrhage. Of course, the friend thought we must, in common sense, be talking of the mother, who was living and whose name, be it said, was quite clearly Margaret. The misunderstanding had been complete after a two-hour interview. Here the case history saved the situation, and indeed, inadequate as the old records often were, over and over again the visitor could gently turn characteristic family euphemisms into the paths of truth simply because here it had been written that Henry had been two years in prison, that the aunts were insane, or that the illegitimate baby had been boarded on Staten Island. We are far from claiming infallibility, but in presenting these simple findings, we wish to make it clear that we have used every precaution that time permitted to secure accuracy.

We should perhaps note that the diagnoses obtainable from clinics and institutions in 1916 were much more cut and dried than they are to-day. The records rarely showed the degree of defect; the patient was simply described by the examiner as feebleminded or mentally defective, and there was rarely anything descriptive of his social incompetence. We have taken the diagnoses just as they stood, but in most of the cases investigated, there was a strong social presumption of deficiency to bear out the diagnosis.

We have divided our findings into five groups: (A) dependent and antisocial types in the community; (B) fairly social types in the community; (C) indeterminate types in the community; (D) patients who have been sent to institutions; and (E) patients who have died. The accompanying graph (page 319) shows their distribution.

These families, let us remember, were known in 1916-17, after which time active care by the Charity Organization Society was discontinued. In several cases the families had been known intermittently for over twenty years prior to 1916. It is interesting to read records begun in the '90's and to seek the fortunes of the same people in 1922. About a dozen records have been reopened and closed since 1916 and about a half-dozen were actively reopened in 1922 in the districts, but for the most part the Charity Organization Society had done what it could according to its lights at the time—had arranged for treatment, custodial care, relief, training, and what not, as well as it could—and then had discontinued supervision. In most cases, be it said, the Charity Organization Society had advised or even fought for the commitment of diagnosed defectives, for the Charity Organization Society, like most agencies in 1916, thought that commitment was the best solution. Considering the difficulties of the system and the opposition to it, perhaps a surprising number of com-


STATUS OF 117 MENTAL DEFECTIVES
NUMBER
PER CENT
Dead
17
17
14.5
Fairly social types still in community
20
16
Fair economic adjustments
4
Stable marriages
17.1
Indeterminate types still in community
23
11
Marginal economic adjustments
12
Still in school
19.7
Dependent and antisocial types still in community
26
7
Incapable
14
Promiscuous
5
Vagabond
22.2
In institutions
31
28
In custodial institutions
3
In prisons
26.5

mitments were effected either directly or indirectly at this period. We shall discuss this more fully under another heading.

DEPENDENT AND ANTISOCIAL TYPES IN THE COMMUNITY

Our subject here—*i.e.,* the antisocial types in the community, which constitute over one-fifth of our total number of cases—is especially interesting. These defectives are at large now because commitment was recommended, but not followed up, because commitment was recommended and failed, or because commitment was recommended, succeeded, and later the patient was discharged or escaped into the community. For all this group commitment was recommended with greater or less degrees of emphasis by the Charity Organization Society.

(a) *The Entirely Incapable*

We will speak first of those—numbering seven, their chronological ages running from fourteen to twenty-two—who are incapable and at home. These were all, we think—although the record of the older members is not always entirely clear on this point—''exclusion'' cases from school, more or less ''non-educable'', and for one reason or another being cared for at home. In addition to the diagnoses and the obvious descriptions, we have classified them here by the added criterion that if the relatives who care for them now were to die, they would have to be committed as incapable of self-support, or even, except to a limited degree, of self-help.[1]

We have two boys of this type, one blind, and the other with tuberculous glands, in addition to the serious intellectual deficiency. Both come from large families that prefer to bear these burdens rather than commit the children. Arthur might get a little training if the family would send him to such a place as The Brooklyn Home for Blind, Crippled, and Defective Children at Port Jefferson, but they are unwilling to do so. At present he is helpless. John, one of eight fatherless children, is an imbecile. He is nineteen and does no work, but is supported by his mother and his brother.

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[1] The names used in the following case histories are fictitious.

Of the girls, five in number, we found two physically well cared for at home, two idio-imbeciles fairly well cared for, and an epileptic imbecile who was withdrawn from Randall's Island at working age to help the family in its illegal tenement work of flower-making. She can go through the motions, but accomplishes almost nothing. When we saw her, she was admiring herself in front of the kitchen mirror and could not be induced to turn away and talk to the visitor, but kept on smiling foolishly at her reflection.

In two cases the girls are left alone while the mother works. One of them, having early been assaulted, is since kept rather more closely in the house, and now sits around all day quietly, after she has been dressed in the morning, on a stool or wooden box, watching the outside world dully. She makes no effort to run about and play.

The probabilities are that the five girls are too low-grade for child-bearing and the whole seven too docile to get actively into mischief. One would not positively say now in 1923 that all these individuals should be committed, although the environment in this type of family, living in crowded tenements, is not favorable generally for home care. In four of the seven cases the home conditions are tolerable. Three of the seven children had a short period of institutional training—one at Letchworth Village, one at Randall's Island, and the third in Syracuse State School for Mental Defections and a Catholic home; the other four had no institutional training.

(b) *The Sexually Promiscuous*

A number of our antisocial cases are women who have serious sex difficulties and who may be called more or less sexually promiscuous or with little moral sense, to say the least. We distinctly excluded from this group several mentally defective girls who have offended perhaps once, but who have since adjusted themselves satisfactorily to a better social standing. The 1915–16 diagnoses, filed in the records, from Postgraduate Hospital and elsewhere, do not state the extent of the defect. We do not know how high the patients tested prior to 1916, but only that they were feebleminded.

One of these women, the sister of a corporal to whom we shall refer elsewhere, claims to have a husband on a tugboat, but now goes about the streets, clad wretchedly in nightgown and cloak. Both she and her first baby are supported by her already burdened family. She has little self-respect, and we can hope for nothing for her but further degradation.

Mary, another, deserted by her husband, committed her children and is now living with the father of her illegitimate baby. The outlook here, too, is miserable, although her story might have been different with a better husband and home. The present situation will doubtless not last, as the woman has marked sex instability.

Rosie, a third, is admitted by her family to be a prostitute.

Clarinda had a mental age of nine with emotional instability. In 1916 she was left by the Charity Organization Society to the supervision of her church. In 1917 she had been committed to the House of the Good Shepherd for immorality, and although other agencies have been trying to secure her recommitment, since her release, she has had two known abortions and is still at large.

We tried to persuade Margery's mother to commit her after the birth of her first baby, but the family, backed by the minister, insisted on placing the baby out. The child was born just after Margery had left an ungraded class. A second illegitimate baby was born two years later, but the father refused to marry so obviously defective a girl and the second baby was boarded out. Margery has now succeeded in marrying a weak young man with cardiac trouble, her third affair, but this arrangement seems no more stable than the others. Margery's sister, also defective and emotionally unstable, has a "beau" who is epileptic, and the prognosis is equally unfortunate in her case.

These girls are of the high-grade-defective type, but their parents were loath to admit the seriousness of their sex difficulties. Unquestionably, considering their homes, these women should have been committed, for training at least.

Unfortunately, as we know from experience, both clinic and court, as well as the family, do not see the constructive implications of committing these moron and border-line types for training. If a girl looks ''stupid'' enough, they will assent to commitment, but if she is pretty and makes a good impression, no amount of social history will convince them that she is of a type that is a far more serious menace to society than individuals of a lower grade of mental defect, and that training for a few years may help make a useful citizen of her.

Lucy, always promiscuous with boys, after a term in the House of the Good Shepherd and other Catholic shelters, was placed, through the Charity Organization Society, on Randall's Island. She ran away in 1916 and had her first illegitimate baby in 1919. Fortunately, two defective sisters of hers, with the same characteristics, were transferred in time to the Newark State School for Mental Defectives. With this girl, as with so many, treatment was begun too late.

A striking case was that of Julia, who came from a miserable and intemperate family known to the Charity Organization Society since 1908. Julia was taken from her wretched home and given intensive training by the Charity Organization Society at a settlement house, where she improved greatly. At domestic service, however, she went under, having an illegitimate baby, with active venereal infection in its train. Although the girl was in a city hospital and commitment should have been easy, the agency that took the case over failed to act, and the girl was removed from the hospital by a church organization and again placed at service, with disastrous results. Her present whereabouts are unknown.

The Charity Organization Society spent much time and money on this girl, and perhaps, in the light of what we know now, it would have been better to have sent her in the first place to a special institution for training rather than to the settlement house, but it is a sorry comment on the weak links of the system that Julia should now be at large, and especially that her social history should have been completely disregarded when she was casually returned to domestic service.

Another Julia, whom the Charity Organization Society wanted to commit, but did not actually attempt to commit, had last December her first illegitimate baby by a morally low-grade defective who already has one child on Randall's Island. There is no protection in her present environment, and her tendencies are well established. Her father and one brother have been in prison, and the mother, who is "looking after" Julia, is immoral.

Jessie, whom we did succeed in placing on Randall's Island, was withdrawn by her mother at working age against the advice of the institution, and although over-sexed and quite incapable of managing her own affairs, she married a worthless Italian who has twice deserted her and is now away. She is an unstable imbecile.

The histories of the other four women duplicate these and need not be told in full.

One of the worst, because one of the least necessary, of the cases in this group is that of Jerry, who displayed serious sex difficulties as a child, was placed on Randall's Island by the Charity Organization Society, where he was graded as an imbecile in 1914, was removed by his mother when of working age, and is now the father of his defective sister's child.

It is not easy to see our way to dealing with these emotionally unstable, uncontrolled defective persons except by long commitments for training in first-class institutions. Given the disposition and the environmental conditions in the cases cited above, not the Charity Organization Society nor any private agency can at present give the supervision or make the changes necessary to afford reasonable safeguards. Only trained habits plus a fairly good home can protect such individuals as these, and when, as in the instances cited, they have neither, they must surely be segregated. It is unfortunate that before these defectives were released their parents were not required to furnish more evidences of ability to care for them. Once a child is taught to work at all by the institution, the parents see no reason why he should work for the state, and it requires all the patience and firmness that our institutions and agencies can muster to point out the difficulties and dangers of too early release. Certainly a more serious form of parole is indicated, with a large enough field staff for adequate supervision. The foregoing applies especially to Randall's Island, where the turnover is a serious matter.

Because of the high grade of intelligence of some of these sexually unstable children, the parents cannot be brought to recognize their difficulties. Only six girls among the foregoing had any institutional care that we know of and these not in state institutions. Two were in Catholic institutions, one was in a nonsectarian settlement and a Catholic institution, two were on Randall's Island and in a Catholic institution, and one on Randall's Island. We shall discuss elsewhere those who are at present in institutions, which include some of the sexually unstable.

(c) *The Vagabonds*

The vagabond constitutes a fairly distinct type, although at the upper end it is hard to distinguish this type from the marginal worker.

At the bottom of the scale is the vicious type, of which the following case is an example. John's father, an alcoholic, died of tuberculosis, his mother is crippled with ''rheumatism'', and one sister is in a state hospital for mental disease. Our man spent most of his childhood in a home for crippled children. Unable even to learn cobbling, certified as a defective, he was nevertheless released ''to earn a living''. He now shares a hovel with his old mother, to whom he is abusive, occasionally drifting away to Blackwell's Island or other refuges. He is alcoholic and an inveterate cigarette smoker. He ''sells'' pencils or gets a precarious living somehow in the byways of the city. Paralyzed in hip and shoulder, morose, sullen, a beggar, he frightens the neighbors into giving him alms and his mother into doing work beyond her strength.

Like him is Peter, who is unable to do any steady or respectable work. This man's occupation, when he has any, is unprofitable. For the most part he stays about the house, twice a month falling into rages in which he throws the cats, the dishes, or anything handy out of the windows. In between times he is sullen and unresponsive. He is probably psychopathic as well as defective.

Next we have a loafer, a less offensive type, who picks up boxes and sells them for kindling or else simply lies around the house, a distinct burden to the household.

Then we have two typical drifters, one of the better class, whose father is a civil engineer. The son, more constitutionally than intellectually inferior, is unable to hold a job or to stay at home, and is reputed to have an illegitimate baby. He has been in trouble at various times. The other, George, a "laborer", would rather loaf than work, and if he does work, prefers to work for nothing. Both are supported by their families until they wander off nobody knows where, to return no one can predict when.

It is hard to decide whether training would be of help to this group. One, the cobbler, without supervision or a decent environment, made no use of his training. Another was given a so-called high-school education, but could never use it. The others had little or no schooling.

The heredity of three out of the five cases is extremely bad, and the solution of their problems certainly does not lie with private case-working agencies. One of these men has been in prison, although we do not know how many times, and two of them have been intermittently on Blackwell's Island, in the correctional institutions. No other institutional care has been given them, so far as is known.

Social Types in the Community

When we speak of social types in the community, we do not imply any extraordinary achievements in the line of occupation or domesticity. We must measure these families, not against a college or a business background, but by the general level of the families with whom our society deals. Against such a background, the following cases show up on the whole pretty well and over a length of time that should give some emphasis to the description. Sixteen of our cases were found to have made economic adjustments and four satisfactory marriages, if we disregard the eugenic aspects of such marriages.

(a) *Fair Economic Adjustments*

Of the boys in this group, we found one working in a mattress factory at $18 a week; one for a butcher, at about $20; one for a drug store, at $21; one as a driver, at $20; and one as a taxi driver. Two are in the regular army, one of them, diagnosed "low grade", being a corporal now.

The family of this last, alluded to before, is below normal, and it is doubtful whether the corporal would ever have made a satisfactory adjustment in the home. He is said to be married, by the way, although we have no verification of this.

James, diagnosed in 1915 at a city hospital as defective, was also reported by his school as feebleminded. Looked up after six years, he had been at work the whole of that time. After he left school, where he had been so unsuccessful, he learned plumbing. Last winter, his own trade being slack, when many men sat down until times were better, James worked for a poulterer, giving satisfaction, and has since returned to his own trade with improved conditions. At present he is living at home with his mother in excellent, well-furnished rooms, and the family is devoted to him.

Four of these boys were in ungraded classes in 1916. One got his schooling in a Catholic institution. Only two were in special institutions for defectives.

Harry has progressed nicely since he left the Syracuse School for Mental Defectives in 1913. He has worked seven consecutive years in a laundry, earning $19.50 a week. He was kept on last year when other less regular men were discharged. He is extremely methodical, going—though without much result, we fear—to night school three times a week, to his married sister's on Thursday nights, to the movies on Friday, to the park or zoo on Saturday afternoons, and to church on Sunday. This program is indeed so settled a habit that when his favorite sister died, he still kept on going to see the husband, whom he specially disliked. No doubt the institutional training is the real factor of adjustment here, but the home conditions are also more favorable than in the average case.

We should not fail to note the history of Mike, who was committed to Randall's Island after a serious sex offense and is now working in New Jersey, the steadiest member of the family. An older sister, committed to Bedford Reformatory, has since married a nice chap. The trend of the family is distinctly upward since 1916; both defectives seem really hopeful cases. The only unfit members of the family are two younger sons who spent four years in a sectarian institution. They are dull and shiftless young men who have not yet come to harm, but will certainly arrive at no good in their present situation. The stability of the older children, with their special institutional training, is in marked contrast to the instability of the younger, although we cannot, of course, infer that the non-special training made for instability, or even that Randall's Island or Bedford are responsible for the success of the older children. There were other favoring factors.

Of our girls, one, carefully supervised by an intelligent mother, works regularly and faithfully in a paper factory. One is in a Fifth Avenue dressmaking establishment. One is a well-liked domestic servant, working in the same family that for many years employed her mother. One has just got her working papers, but has always been so quiet and steady that she may be included here. One, a very low-grade defective, has for four years been giving entire satisfaction in the refectory of a Catholic home for the aged. This last amounts to institutional supervision. The same girl progressed through three Catholic shelters as a child, but with that exception, none of the girls has had institutional care to help them in their adjustments, and none is very likely to marry, although it is rather too early to tell about that, since, with two exceptions, this adjusted group of sixteen are all in the twenties.

(b) *Stable Marriages*

There is no special reason for discussing under a separate heading the women who have made satisfactory marriages, except that they have never been subjected to the test of economic competition outside the home. We should be rash indeed to call any marriage stable, but the outlook in these four cases need not at present arouse any apprehensions.

Helen, always in an ungraded class in school, likes her home much better than her books, and is making an exceedingly pleasant companion and housekeeper to a decent carpenter, older than herself, who likes her docility and dependence.

The second girl made a self-respecting marriage with an intelligent young fellow in Brooklyn who still seems to like his choice, and considering that she was diagnosed as a socially incompetent moron, she does very well.

The third, an Italian woman, Vincenza, has a veritable genius for making her husbands comfortable. Twice widowed, she finally and again happily married a widower, and her two children and his are thriving together and doing well in school. In view of her diagnosis in 1916, the Charity Organization Society did not wish to make an allowance case of it, and let the family be broken up and the children committed. Vincenza met her third husband on one of her regular visits to the institution where her children were. He apparently divined her special gifts, and indeed she has proved to be an immaculate housekeeper in an attractive, pleasant home. Perhaps the clinic that diagnosed her was wrong. Certainly our evaluation of her social gifts was wrong.

The fourth marriage, that of Mike's older sister, has already been mentioned in the preceding section.

The institutions in which these individuals of the socially successful type spent short periods of time are as follows:

Syracuse State School for Mental Defectives	1
Randall's Island and Rome State School	1
Randall's Island and a reformatory	1
A Catholic home	2
Bedford Reformatory	1
Rome State School	1

We shall in another paper consider the question of supervision of social types in the community, discussing it from the point of view of a family agency, but at present we are merely giving a cursory history of 117 cases as we found them, without evaluation of the factors involved.

INDETERMINATE TYPES IN THE COMMUNITY

(a) *Marginal Economic Adjustments*

This is a hard group properly to evaluate, but it is familiar to all family case-workers. Individuals of this type manage well enough when employment is easy to get and hold, but are easily discouraged and often laid off, and are neither regular nor responsible. Their environment is generally an additional handicap. We note here five defectives of the docile type who do odd jobs and make frequent changes.

One of these, Sam, was in Syracuse State School for two years. A glance at Sam's family is revealing as to why this boy does not adjust well to industry. His father has been at Central Islip for acute psychosis. His mother is very dull. His older brother is an imbecile with tuberculosis, and his older sister spent a short time on Randall's Island before her marriage. The younger brother is tongue-tied, and a younger sister choreic and dull. Two children died of convulsions and the youngest child is choreic. Sam works in a flour company, but is inclined to be belligerent, and the family feels considerable anxiety about his conduct.

Another boy left Letchworth Village against the advice of the institution and is now living quietly at home. The family admits that he earns little, but he is easy to control and turns in what he does earn to his mother. The fact is that he is not paying his way, although the family is poor and in need of his help.

Two others, a boy and a girl, cousins, are working for low wages in unfavorable environments. The family stock is low, with immoral tendencies, and the individual members have been of considerable concern to various agencies since 1908. We have no reason to think that this boy and girl will do much better. George's mother first married a deserter, lived with a second man, unmarried, and during the war married a mulatto; she herself was white. Brother John is lame with muscular paresis and a speech defect and has been a truant and thief; Frank is lazy and a truant; and Katy is in an ungraded class. An aunt has an illegitimate baby, an uncle is feebleminded, and the whole connection shows dirt, begging, child neglect, and immorality. Not all the "Nam" families live in the country.

Another boy was in the children's court for stealing, but since discharge from probation, has been working fairly steadily.

Three boys have married and are making a poor job of it as husbands. One of them, in 1916 under the care of a settlement house, was waiting for admission to an institution. He never went, but served a short enlistment in the navy. In

1920 he married, bringing a bad work history and a roving disposition as a marriage settlement.

(b) *Still in School*

These children were diagnosed in 1916, when they were little things, and are still "getting an education". Six are in ungraded classes. One is a day scholar in a deaf-and-dumb school, and five are being tried in the grades. It is impossible to forecast their future adjustments, although we can make a shrewd guess in some cases.

Katie, in the second grade, is regarded by her teacher as physically and mentally deficient, making little headway. Her family has been known to us since 1902. They were always in marginal circumstances and in danger of being dispossesed. The mother was alcoholic, the father "shiftless", and the children suffering from cardiac trouble and undeveloped. What headway can Katie be expected to make against these odds? Even the little cardiac sufferers are not attending clinic now, and the mental factors in the situation are not being dealt with by any one.

Another girl, Katharine, was discharged in 1917 from Randall's Island against the advice of that institution. This twelve-year-old child, now in an ungraded class, is described as silly, uncontrolled, and quarrelsome.

The other cases in this group sound much more hopeful.

These cases are known to have had institutional care for short periods in the following institutions:

A reformatory	1
Letchworth Village	1
Syracuse State School and Randall's Island	1
Catholic Protectory	1
Randall's Island	1
A Catholic home	1

Patients Now in Institutions

Rather to our astonishment, we found thirty-one individuals at present in institutions. When we made our investigation, three were in prison. Discussing them first, we should say that prison and reformatory sentences are not infrequent among our markedly handicapped patients, the mental defectives. In fact, we found fourteen individuals known to have served prison sentences in this group of 117, but only three were actually in prison when we went to look the family up.

Over in "Hell's Kitchen" lives a family known to us in its various ramifications since 1894. A block or two in that neighborhood are made miserable by their intermarriages. The whole family is promiscuous; one sister is a prostitute, whose defective baby carries out the line three generations since we have known them. There is another epileptic sister with one illegitimate child and five undiagnosed legitimate children, but the brother, diagnosed in 1916, is our special concern. We found that William, an imbecile who had been in Letchworth, in Manhattan State Hospital, and in the Institution for Defective Delinquents at Napanoch, was rearrested in March of this year and is again at Napanoch. His brother, a promiscuous epileptic and moron, who has served terms in Sing Sing and Elmira, is at present out of prison. He, too, should be in the institution at Napanoch and not fathering children on Tenth Avenue.

"Pug", a defective, who had been in the Catholic Protectory and in 1916 in its farm colony, was sent up to Trenton last Christmas for shooting a policeman. His term will be a long one. We should like to think he might be transferred to Napanoch. His brother Joe, also feebleminded, happened to be out of prison when we visited the family, although he had been arrested five times in the last three years.

Frank completes our trilogy. He had a reformatory history, and from 1916 on efforts were made to place him in Letchworth, but without success. He simply got back to the reformatory. In 1922 he was again in Elmira, but unless something broke down, was actually going to be transferred to Napanoch at last.

These three cases are interesting from the point of view of comparison as it happens that each of these men has had a different institutional preparation for prison. The first was in Letchworth, Manhattan State Hospital, and in the institution at Napanoch; the second in an institution and a farm colony under religious supervision; the third had a reformatory history from boyhood on.

Fortunately we find twenty-eight of our cases in other institutions. Nine of these are at present on Randall's

Island. We will cite one case which illustrates the difficulties of commitment.

The mother here was suffering from a serious cardiac trouble and was undoubtedly a defective. She lost a number of children in childbirth. One baby was smothered, one burned to death, two died of neglect, yet we could not commit her or her two defective children because the father, who kept the family together, wished no interference. It was not until he himself developed dementia precox and was sent to a hospital for mental disease that the Charity Organization Society succeeded in committing the imbecile daughter—even then not in time to prevent the older daughter from having sex relations with a loafer. The mother died in 1920. The older daughter is beyond our reach, but Maud, the younger, is happily still in the institution on Randall's Island.

Nine other cases were on Randall's Island before transfer or recommitment.

One of the children is now in Craig Colony; one in a state institution in North Dakota; three are in Letchworth; two are in Manhattan State Hospital, having psychosis with defect; and one is on Blackwell's Island.

Two of these were adult sisters living in intolerable home conditions, but the commitment would probably not have been effected by the Charity Organization Society had not a psychosis in addition to their defect brought them under the insanity law.

One boy is in Syracuse State School. His family has been known to the Charity Organization Society for twenty years. Their history shows insanity, alcoholism, tuberculosis, and cardiac condition, with immorality and shiftlessness. One daughter, promiscuous and undoubtedly defective, was living with her psychotic mother in questionable surroundings. But the Society for the Prevention of Cruelty to Children, not finding prostitution ''proved'', would not act, so out of this family we had two juvenile delinquents, one immoral girl, a girl with promiscuous sex defects, and an imbecile boy. The last was the only one to be salvaged and removed from the community to Randall's Island, whence he was transferred to a farm colony at Syracuse.

At Newark State School for Mental Defectives we found four of our cases; there should have been five. This fifth, already referred to, eloped from Randall's Island before her transfer to Newark State School. Her illegitimate baby was born in 1919, and when last we heard of her, in January 1922, the family was applying to the Salvation Army for further relief. But at least two of the sisters are safely at Newark.

One case history of this period shows the appalling amount of effort necessary sometimes to get commitment.

This child woman of the mental age of nine started living with a man who beat, abused, and finally deserted her. She then lived with several other men. In 1916 a city hospital advised against acting on the representations of the Charity Organization Society, although the woman was diagnosed a moron and had a plus Wassermann and one illegitimate child. In 1918 the matter was brought to the attention of the board of health, which felt that it had no power to act, although the child was neglected and had developed interstitial keratitis. Under constant pressure by the Charity Organization Society, the woman was finally brought into court, but the judge thought she ought not be separated from her baby, and although she was again pregnant, she was not sent to a city hospital for confinement. At the birth of her third illegitimate child, commitment again fell through, although recommended by a representative mental clinic, as the agency responsible for action did not want to make a court case of it "for fear the child's godfather might make trouble". Two of the babies died in the course of time, but when Willis, the neglected and pitiful survivor, came down with pneumonia and meningitis, a children's agency was aroused to action and both mother and child were committed.

Three of our families are still in the Catholic Protectory.

The mother (mental age 6) of a family of eight died, perhaps fortunately, in 1919, before more children could be born. Not all the children are defective, but six of them are still in the institution.

In another family where the mother was undoubtedly defective and possibly tuberculous, since she herself could not be committed, five children, one defective, were removed and placed in the protectory, but she has since added to her family.

A sorry history is Mary's: her father a deserter and alcoholic, her mother worn out with childbirth, her oldest brother delinquent and committed for larceny. Mary, a moron, was brought into court on complaint of a man whom she accosted. The children's court could not accede to the Charity Organization Society's request for commitment because ''the charges were not proved'', and she was paroled to her irresponsible father. When the girl was brought into court two years later, there was no difficulty, alas, in proving the charges. She was committed to the House of the Good Shepherd, where she is still. We cannot blame the children's court for not committing on a legal basis, but the father's reputation was well-known and a little competent investigation would have been a preventive measure. Improper guardianship was socially evident.

Of course, it is obvious that commitments mean very little so long as the patients are under working age, for most of the families, unless they think the child ill-treated, are glad to leave them in care of the state during dependency; so it may be well to state here that twenty-one of this group are over sixteen, and only ten under and some of the ten will undoubtedly be left where they are.

The institutional care in these cases has been as follows:

Randall's Island	9
Craig Colony for Epileptics	1
State institution in North Dakota	1
Letchworth Village	3
Manhattan State Hospital	2
Blackwell's Island	1
Syracuse State School	1
A Catholic home	6
Newark State School	4

PATIENTS WHO HAVE DIED

We can dismiss quickly those who died from causes more or less irrelevant to their psycho-physical condition.

One died of tuberculosis, three of pneumonia following influenza; one died while with the A. E. F., two of children's diseases. There were other defective infants who died, but they do not properly come in this category of cases that were diagnosed before and died after 1916. Three deaths were accidental and two may be ascribed at least partially to the mental condition of the patient.

George's father was blind and his mother feebleminded, one sister was in a state hospital for mental disease and another had an illegitimate baby—a poor stock, one observes. George himself, who had been subject to convulsions from childhood, fell before a street car and was killed. George, by the way, had served a sentence in prison. The Charity Organization Society, realizing that with his neuropathic and defective condition, he was not fit for community life and not responsible for the acts that got him into prison, had tried to have him transferred from prison to an institution for the feebleminded. The prison authorities had promised to make this transfer, but later simply discharged him.

Charles, a docile type of feebleminded epileptic, escaped from Randall's Island and was working steadily until he was killed by a fall from a ladder.

The third individual was struck by a stone and killed—a purely accidental death, so far as we know.

The group in which death seemed to come as a progressive result of the general condition numbers seven. One, a Mongolian, wasted away; another, withdrawn from Randall's Island, paralyzed and helpless, his only food milk from a bottle, lingered on for eighteen months and died at the age of nine.

Katherine, born "simple-minded", became violent at middle life with symptoms allied to dementia praecox and died in 1918.

Two others suffered from psychopathic conditions and two were epileptic. Several of these deaths occurred in institutions.

The following institutions had cared for these patients:

Bellevue	2
Randall's Island	2
City Hospital	1
Prison	1
Catholic institution	1
Manhattan State Hospital	1

It would be interesting and encouraging to find in these case histories some consistent factor that would illuminate the causes of behavior. No special knowledge is needed to convince us that emotional instability plus mental defect is a bad combination, but not necessarily a hopeless one. Julia was not the mother of illegitimate babies because her I. Q. was 69, but because her whole personality was abnormal and her environment unfavorable. Generally speaking, the environment in the cases under consideration was unfavorable. Poverty, domestic infelicity, ignorance, overcrowding, and neglect were the rule rather than the exception. Even if we knew more than we do about character, personality, affective disturbances, and the rest, the personality studies in 1916 were far too meager for us to make any guess as to the most hopeful and the least hopeful combination. Almost no personal or environmental evaluations were made in 1916.

As Dr. Bingham says, in her article in the issue of MENTAL HYGIENE for July, 1922[1]: "The deleterious influence of family and companions often greatly overbalances the efforts of a worker to inculcate habits of industry and better personal standards in these mentally defective individuals. Their low critical sense and their high suggestibility make them very dependent on their surroundings . . ."

The surroundings then, as now, were seldom inspiring and it was difficult then, as now, to secure custodial care for high-grade defectives, chiefly owing to the shortage of beds in institutions and to lack of family coöperation. Then, as now, "the system" less often broke down through lack of good intent in commitment cases than failed because of the sheer weight of the ever-increasing demands upon it.

While we have not, for lack of space, shown the conditions of all the 117 defectives tracked down in this field study, the short histories given may at least add color to the graph of distribution. Field agents working with the problems of mental defect, who estimate the asocial and antisocial types in their case load as 4 or 5 per cent of the whole, will think our figures excessive. Perhaps these figures are not typical of figures for mental defectives throughout the state, just as children paroled from good special institutions are not typical of mental defectives throughout the state; neither is the metropolitan district characteristic of the state at large. The Charity Organization Society habitually deals with marginal and socially deteriorated families in which mental defect is one of the sorest spots. Moreover, this field study is concerned with the last decade; field studies in 1932 should be much more encouraging. But we have to take facts as we find them, and the facts here lead us to the conclusion that in this study only about a third—taking the fairly social types plus some of the intermediate types for a period of not less than five years and averaging eight years since a diagnosis of mental defect was made—have without supervision succeeded in making social adjustments. In 1916, as now, resources were lacking in New York City and State for the adequate care and supervision of mental defectives. The schools have only about one-fourth of the necessary ungraded and special classes. It is difficult to get manual training and more difficult to get trade training for defectives in this state. Placement in employment to all practical purposes does not exist. The city and the state lack beds for the permanent custodial type and cannot begin to care for the special training of the colony and community type of defective, who is too often not recognized by clinic or judge as needing careful protection. Much effective service is being mobilized for the care of mental defectives in New York State, but much is still to be done or we shall have the sort of results that this field study indicates. The future is indeed hopeful, but just as it takes vision to see possibilities in a bad situation, so it takes courage and imagination to see the difficulties in a hopeful situation and to maintain poise and perspective when we are in the middle of things. To interpret the workings of the human mind challenges the last ounce of man's capability. The intricate mechanism of the human mind, the whole indefinable range of personality, defy exact labeling or rigid and uncompromising treatment. Though there are not many short cuts in social work, thoughtful investigation, unprejudiced discussion, and unflagging patience do bring us all further down the long road of service.

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[1] *The Psychiatric Work of the New York Probation and Protective Association.* MENTAL HYGIENE, Vol. 6, p. 550.

WHAT THE PENNSYLVANIA VILLAGE HAS DEMONSTRATED*

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THE Pennsylvania Village for Feebleminded Women was established by the legislature of 1913 for the purpose of caring for mentally defective women of child-bearing age. The primary object of the institution is the segregation of these girls and women in order that they may not give birth to children and thus reproduce their mental defects in the coming generations.

At the time when the question of establishing the Pennsylvania Village was before the legislature, two of the main objections urged against creating the institution were that there was no need for such an institution and that a one-sex institution for women was not practicable and had never been successful.

After many vicissitudes and the lapsing of six years, the legislature of 1919 finally appropriated money for furnishing the buildings that had been erected at the Village and for the maintenance of patients. On December 5, 1919, the institution was formally opened. Since that time patients have gradually been received until the population has reached 147. This represents the present available capacity of the institution, plus nine additional beds that have been crowded into the dormitories. Moreover, there is on file a waiting list of 125 applications for admission. Notwithstanding the fact that practically all the social agencies of the state know that there is no hope of more than an occasional vacancy at the Village before the early part of 1924 and that the construction of the buildings in use does not permit the admission of certain types of cases, these agencies continue to file applications, with the faint hope that a chance vacancy may bring about the admission of the particular patient in whom they happen to be interested.

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* Read before the Association of Trustees and Medical Superintendents of State and Incorporated Hospitals for the Insane and Feebleminded of Pennsylvania, Hollidaysburg, October 6, 1922.

To those who understand the situation with regard to mental defectives in Pennsylvania, these facts are not surprising; but to those who are still skeptical, they should demonstrate beyond question the need of an institution such as the Pennsylvania Village.

With regard to the statement that a one-sex institution for girls and women is not practicable and has never been successful, it is only fair to say that in the past there has been some slight basis for this objection; but the increase in the number of occupations considered fit and proper for women and the changed political conditions that make women's institutions of more interest to the average legislator have rendered these institutions more practicable and increased their chances of being successful. Experience in the management of the Pennsylvania Village has shown that the advantages gained by having a one-sex institution for the types of mental defectives cared for in that institution outweigh the disadvantages that arise through the absence of a male population. It has frequently been stated that where there is a one-sex institution, women are required to learn and practice occupations for which they will have no use in the outside world. In planning the types of work to be done by the individual patients in any institution, the ultimate disposition of these patients must receive consideration. If a patient is to remain as a custodial case for life, no injustice is done her if in arranging her work the interest of and benefit to the institution supporting her take precedence. But if the patient is to be returned to the outside world as a more or less useful unit of society, all instruction given should have as its primary object the training of her limited mental powers in such a way as to increase to the fullest extent her economic value and ability to be self-supporting; whatever advantage accrues to the institution through the work of these patients should be distinctly a by-product.

The Pennsylvania Village, as constituted under the law establishing it, is essentially a custodial institution and, in the main, the girls in residence have been trained with a view to making the institution as far as possible self-supporting. There is, however, a small group of girls, composed of those who are most likely to be given a trial outside, who are being trained to be as self-supporting as possible. Should the time ever come when through some system of parole or colonization an appreciable number of the girls should enter extramural life, there will always be a sufficiently large number of custodial cases to carry on the occupations at the Village that are conducted primarily for the benefit of the institution. During the past three years several of the girls have been taught to assist in carpentry and painting; a group always helps when concrete paths and roads are being made or other concrete work is being done. This spring groups of girls, together with the teams and the assistant farmer, cleared from four to five acres of brush land and planted an orchard of one hundred apple trees and three hundred peach trees. The girls have also cleared a large field for agricultural purposes and several pastures since the opening of the institution. In addition, they do all except the heaviest parts of the farm work and have the whole care of truck garden, chickens, sheep, and dairy herd under the supervision of the farmer and the women employees who always accompany the groups. Not only are the girls being taught this outside work, but they are being instructed in all forms of housework—cleaning, bed making, waiting and dining-room work, cooking and baking. They are also learning laundering, sewing, and dressmaking. The above facts should demonstrate that, so far as the Pennsylvania Village is concerned, a one-sex institution for women is practicable.

''Self-praise is no recommendation'' and modesty forbids the statement that the Pennsylvania Village is a successful institution. It can only be said that all the milk needed, all the summer supply of vegetables and many of those for winter, quite a little of the meat used, all of the ice supply, and some minor items are being produced with the help of the girls in residence at the Village, and that so far in the history of the institution, it has been unnecessary to apply to the legislature for a deficiency appropriation for maintenance.

The psychological work done during the World War has shown that there is a far larger proportion of mentally defective men in the general population than had been realized. It is only fair to suppose that mentally defective women are equally numerous. On this basis there must be, at a very conservative estimate, at least ten or twelve thousand such women in Pennsylvania. Slight mathematical ability is necessary to figure out that, if in the nine years from 1913 to 1922 Pennsylvania has provided for 147 of this number, it will be some generations before all the mentally defective women in this state are under care. The group tests made during the World War showed a surprisingly large proportion of mentally defective persons, but many of these individuals were self-supporting and were leading useful lives in the outside world. In view of the absolute impossibility of caring for all the mentally defective persons in the state, experience at the Pennsylvania Village has shown that in arranging for the segregation of such persons, some kind of sifting process should be used and a decided preference should be given to the patients who constitute actual problems, who have shown antisocial tendencies or have come into conflict with the courts. Of course, these are not the easiest or pleasantest cases to manage, as they would include the whole group of delinquent defectives, that *bête noir* of all institutions for mentally defective patients; but by giving the preference to those cases that are the greatest menace to society, the best interests of the state would be served.

As the primary reason for establishing the Pennsylvania Village was to prevent the reproduction of mental defects in the coming generations, it might be well to inquire as to how it is fulfilling its mission. Fifty of the girls admitted here had prior to their admission one or more children, a total of 106 children having been born to them. Twenty-one girls had one child each; seventeen, two children; six, three each; one had four children; two, five children each; two, six children each; and one, seven children. When a mentally defective woman has one child before she is segregated, while there is no increase in the number of mentally defective individuals in the next generation, still there is no decrease; and when she has more than one child, the total number of mentally defective persons in the next generation is increased, even though by her final segregation the full amount of damage of which she is capable is somewhat minimized. It is obvious that if the Pennsylvania Village is to reach its highest efficiency, the girls will have to be admitted earlier and before they have had so many children. When the day comes when all of the children in the public schools are given mental examinations as a routine matter, just as they are given physical examinations to-day—so that the number and identity of our mentally subnormal population may be more accurately known—there will be a far better chance of accomplishing the segregation of mentally defective persons earlier in life and before they have had any children. Such examinations would also give a better basis for sorting out those youthful offenders who need institutional care from those who can with safety lead extramural lives.

One thing more of importance has been brought out in handling the problems arising at the Pennsylvania Village. The movement of population is not what it should be to permit the institution to care for any large number of patients, as "few die and none resign". When a new building is opened, a sufficient number of patients is admitted to fill that building. Then available space for additional patients is virtually exhausted until the legislature again increases the size of the institution. If the Pennsylvania Village is to reach its greatest efficiency, some means of rendering the population less stagnant must be found. Two groups of cases naturally suggest themselves as being best suited for removal to make way for the admission of other girls. The first is that group whose conduct has been exemplary and who have profited by training and discipline; these girls might be worthy of a trial in some colonization scheme that, while keeping them under observation, would permit them to lead extramural lives. The second is the group of women who have passed the child-bearing period. These women are no longer a menace to the general public and many of them would be useful for a number of years, especially as they are trained in certain kinds of work. The proportion of this group will increase constantly as the institution grows older and unless some plan is worked out to prevent it, will thwart to a considerable extent the purpose for which the institution was established. Lowering the upper age limit at which patients may be admitted to thirty or thirty-five years might help a little temporarily; but some method of caring for this ever-increasing group of women in some place other than the Pennsylvania Village must be worked out or the benefit of this institution to the state will be greatly lessened.

The Pennsylvania Village has demonstrated:

1. That such an institution is needed.

2. That a one-sex institution is practicable and can be run successfully.

3. That inability to segregate all mental defectives would suggest giving the preference in committing cases to those who are the greatest menace to society.

4. That the commitment of these cases earlier in life is necessary.

5. That there is need of increasing the movement of population at the Pennsylvania Village.

THE JEWISH MIND IN THE MAKING

A LAYMAN'S ESSAY IN MENTAL HYGIENE

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IN discussing the question of the psychology of the Jew, one must present the general problem of mental hygiene—namely, the adjustment of the individual to his environment. Although the settlement of Jews in the United States dates back to 1655, large numbers of them have immigrated since the Russian massacres of 1881. The mental-hygiene problem of the American Jew, therefore, is in part related to the larger problem of the immigrant, who must go through the struggle of adjusting himself to an entirely new environment. But the Jewish aspects of the question involve not only the present environment, but also the very trying conditions under which Jews have lived for about twenty centuries, since the dispersion from Palestine. The problem of mental hygiene among the Jews is concerned with the effect of this historic environment upon their character and upon their mental reactions.

THE GENERAL PROBLEM OF MENTAL HYGIENE.

The general question of mental hygiene has only recently been recognized. Medicine has been concerned exclusively with the treatment of physical disorders—that is, physiological maladjustments—and has discussed problems of infection or of organic diseases. Man, however, is not merely a machine for taking food and developing energy, nor does he react merely instinctively, like the animal, seeking pleasure and avoiding pain; he is a psychic organism, which by the use of symbols like language has magnified its powers almost without limit. Man is the capstone of biological evolution; he sums up in himself the history of animal life. He therefore lives on many planes—the mechanic or muscular, the chemical or metabolic, the vegetative, the instinctive, and the rational, and at each of these levels he must make his adjustments. The task of mental hygiene is to effect a harmony between the individual and his environment and to avoid such maladjustments as will result in the breakdown of the human psyche. Mental hygiene is concerned, therefore, with all the agencies that have to do with the adaptation of the individual to his environment, such as education, legislation, and the various instruments of social control.

What is the nature of mental maladjustment? At bottom all failures of man to adjust himself mentally to his environment arise from conflicts between the demands of the environment and the ability or willingness of the individual to conform thereto. The worries of the Jewish housewife concerning the minutiæ of the Mosaic dietary laws and preparations for the Passover, or of the orthodox Jewish business man concerning either the observance of Sabbath and of the holidays or his traveling ‘‘on the road’’, are not exactly conducive to mental serenity. The taboos of tradition run counter to the imperious demands of twentieth-century life and frequently result in abnormal conduct, which is the external evidence of failure of adjustment. In fact, failure of adjustment becomes evident not from what a man thinks, but from what he does; we are made aware of it only through the conduct of the individual. Most persons have more or less difficulty in making this adjustment to the environment. Some minds, however, are supple, and respond easily to new conditions. Others are rigid and unadaptable. Such minds crack rather than yield. The war neuroses, for example, in which the sudden change to a new and harsh environment caused cases of so-called ‘‘shell shock’’, were merely cases of failure of adjustment.

Mental Hygiene and the Immigrant

If one accepts this view of the problem of mental hygiene, one will naturally expect to find cases of so-called mental disease among immigrants, who must adjust themselves to a totally new environment. Detailed statistics of the prevalence of mental disorder among immigrants do not bear out the contention that the foreign born are of inferior stock or are more prone to constitutional mental disorder than the native born. The mental problems of the former arise from the sudden and sharp demands of the new American environment. As a result the immigrant is more subject than the native to psychoneuroses, to disorders of conduct that occur without any manifest physiologic change or lesion. The difference between the mental reactions of the native and of the immigrant is evident not only in the abnormal individuals, but even in the normal. The native makes an easy adjustment to the conditions of American life; he was brought up in them. For example, patriotism with the native born is unconscious. However, the immigrant who is patriotic is so deliberately and consciously, and therefore frequently, as during the war, protests his Americanism, an act as unnatural and incomprehensible as protesting one's love for one's mother.

Again, changes of environment stimulate effort. The immigrant, therefore, is frequently more energetic than the native. He is a material success in a higher percentage of cases than his children or the other native born. But most newly rich immigrants are of the parvenu type and are unable to develop the seasoned and settled attitude of families economically and socially established. Many of them develop psychoneuroses, visit neurologists, and live in the watering places of Europe. The Jewish immigrant is no exception to this tendency.

Perhaps a sadder case is that of the immigrant who, for economic or other reasons, cannot find an outlet for a gifted mind which is the heritage of centuries. There is the tragedy of wasted lives, of keen intellects, trained in the Talmud, pressing pants or pushing carts, as Ephraim Lilien so faithfully shows in his etching *The Net*. Such spirits occasionally break the bonds of deadening reality and attempt to soar in an atmosphere created by their own imagination—an unreal world, but actual to them. Like Schiller's *Pegasus im Joche,* they sometimes collapse in the endeavor. Their environment differs from the world for which the European Yeshivah, or Talmudical School, trained them, and the conflicts engendered by their attempts to adjust themselves afford a fruitful soil for mental disorder.

The Problem of Jewish Mental Hygiene

Statistics of institutions in the cities where Jews concentrate do not substantiate the charge that there is a higher percentage of mental derangement among Jews. As a matter of fact, Jews furnish much fewer than their pro rata number of cases of several of the more serious and prevalent mental disorders, such as alcoholic insanity and general paresis.

On the other hand, they furnish the largest percentage of the psychoneuroses. The reason is not far to seek. Like every group, the Jewish people is the product of its environment. The environment of the Jew may be said to include not only the economic and social pressure of the Gentile world, but the Jewish spiritual and cultural institutions set up to reduce the effects of that pressure on the Jewish people. This environment persists from generation to generation. In a sense, therefore, the social environment operates like heredity. It is transmitted and affects children to the third and fourth generation.

Sixty generations of persecution and of anti-Jewish pressure are the clear cause of the so-called nervousness of the Jews. Jeremiah recognizes this relation of cause and effect when he states,[1] "Moab hath been at ease from his youth and he hath settled on his lees and hath not been emptied from vessel to vessel, neither hath he gone into captivity: therefore his taste remained in him and his scent is not changed."

As a result of persecution, the Jew has found it very difficult to survive and has been under a nervous strain for generations. For centuries he has been overexerting himself. The laggards and the dullards died, for they were the unfit in the fateful struggle for survival. The Jew has been fighting a battle on his second wind and his attitude is that of the fighter who is tense or the runner who is keyed up. He frequently lacks poise and reserve, which go with leisure and a margin of the comforts of life. He is very intense—puts forth too much energy to accomplish his end. He often speaks loudly and seems excited and overstimulated.

Since acquired characteristics are not inherited, according to the Weissmann theory, one may ask, how can the inhuman treatment of the Jews of old affect the conduct of their descendants to-day? Indeed, the persistence of the prepuce in the newborn Jewish male, in spite of the practice of circumcision for over one hundred and twenty generations, is offered as evidence by biologists in support of the Weissmann theory. Nevertheless, the newer psychologists have advanced the theory of racial memory, according to which the individual inherits not only the physical traits of his parents, but also the psychological deposits of previous generations. Just as the earth has old strata of rock upon which the geologically newer rocks are deposited, so the mind, underneath its recent acquisitions of education and modern civilization, has archaic strata or racial deposits of memory and modes of reaction.

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[1] *Jeremiah*, 48: 11.

As to the mechanism of this supposed transmission, little is yet known. According to recent theory, the so-called ductless or endocrine glands may furnish the physical basis for our mental pattern. For instance, a frightened animal increases its secretion of adrenalin, which results in an attitude of offense and defense, such as dilated pupils, rapid breathing, intense effort, increase of sugar in the blood, rapid coagulation of the blood and clotting of open wounds, and in other manifestations of flight, fight, and fear. The adrenal glands are known to be definitely the cause of certain mental conditions. The same is true of the thyroid, pineal, thymus, and other ductless glands. The Jews, who have been on the defensive and in flight for untold years, have the mental reaction of hyperadrenalism. In fact, Dr. W. A. White puts forth the interesting suggestion that perhaps the unusual frequency of diabetes among Jews may not be unconnected with an excessive secretion of adrenalin, resulting in increases in the sugar content of the blood.[1]

To return to some of the other characteristics that have resulted from the persecution of the Jew, it is characteristic that in times of trouble members of a family become particularly tender toward and solicitous for one another. Danger strengthens family ties. Perhaps the pure and devoted family life for which the Jews have been noted may be due to the fact that they have preserved this defensive reaction of a group under attack. Some students say that it is pathological.[1] However, the persistence of the Jews—indeed of all of modern society as we know it—may be due to the integrity of the family unit, as has been pointed out by Foster Kennedy.[2]

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[1] See his *Mechanisms of Character Formation.* New York: The Macmillan Company, 1916, p. 257.

The persecution of the Jew in the past resulted in his flight from land to land like a hunted animal and in the exaggerated development of certain defense reactions. In order to survive, he had to be high-strung, on the *qui vive,* sensitive to stimuli, with a low threshold of consciousness and lacking in poise, and, like the hunted animal, self-depreciating. These mental reactions are frequently found in the modern Jew.

Again, under continuous oppression, the Jew found relief in an unreal world conjured forth by an unbridled imagination. The great wave of mysticism in the thirteenth century known as Kabbalism, and the intensely emotional Hassidic movement of the eighteenth century, are the historic evidences of such a psychologic reaction. They are the spiritual fossils left by the stream of time on the sands of Jewish institutional life.[3]

The Jew, for centuries shut out from the creative world of western Europe, lived in the world of fantasy that Zangwill so vividly depicts, and although occasional children of the ghetto, from Spinoza to Bergson, have lived out their genius, the impulse to dream frequently outran the capacity to execute and the contrast between aspirations and achievements occasionally led to divisions of personality, while mental strain frequently produced discontent and cynicism, sadness and madness.

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[1] See *The Adjustment of the Jew to the American Environment,* by A. A. Brill. MENTAL HYGIENE, Vol. 2, April, 1918, p. 223.

[2] See also "War-time Gains for the American Family", by James H. Tufts. *International Journal of Ethics,* Vol. 30, pp. 83–100, October, 1919.

[3] See *Studies in Judaism,* by S. Schechter. New York: The Macmillan Company, 1896. Chapter I. *The Chasidim.* In this study the late Dr. Schechter presents the movement as a reaction from the austere and legalistic aspects of Jewish life. However, in the opinion of the writer another equally plausible interpretation may be the sense of relief afforded to Jews in impoverished ghettos in Poland by an imaginary world in which miracles by the zadik, or leader, were daily occurrences. This view is supported by the fact that the Hassidic movement throve particularly in Poland, the Jews of which were the most poverty-stricken of any in Europe. The prosperous, yet very legalistic, Jews of Holland and Germany were unaffected by the movement.

Another result of the centuries of persecution was an attitude of defense which, in the case of the Jew, did not take the form of physical retaliation, but of mental compensation for injuries suffered. Herded in ghettos and hounded, he did not develop a strong physique. He, therefore, did not vent his wrath in physical blows, but found relief in harmless gestures. Some of the familiar instances in orthodox life are the Sabbath Zokor, the Sabbath of Remembrance, on which the memory of the harsh treatment of the ancient Israelites by the Amalekites is recalled, with a petition to the Lord to annihilate a race long since extinct, or the practice of stamping upon the synagogue floor and jeering at the mention of Haman's name during the reading of the Book of Esther on Purim eve, or the recital at the Passover services of the passage in the Psalms, "Pour thy wrath upon the heathen who have destroyed Jacob and wasted his inheritance." In the modern drama perhaps a typical instance of this mental reaction of the Jew is the leading character in *The Auctioneer,* who gnashes his teeth and threatens a blow, but never lets his fist fall. This is the attitude of the introverted type, that reacts not outwardly, but inwardly, that suffers in silence and turns the other cheek to the smiter. Strange irony of history is this: the Jew's ideal is stern justice, but he has always done mercy; his religion is righteousness and retribution, but he has practiced forgiveness of his enemies; his creed was an eye for an eye, but he has always turned the other cheek. The Jew and the Christian have maintained their own professions and preachments, but each has taken the other's as a code of conduct.

Another effect of oppression by the outside world was the development of an inferiority complex on the part of the Jew. In a society that rates manners above character and *savoir faire* above ethical conduct, the uncouth and unkempt Jew of eastern Europe must seem an inferior. Furthermore, before the modern age the Jew wore the yellow badge on his gabardine, but felt an inward superiority, which was expressed in the doctrine of the election of Israel as the "servant of the Lord" and "light to the nations". Since the age of enlightenment, when European culture overtook the once superior, but long static culture of the ghetto, the Jew was permitted to discard his physical badge of shame, but he adopted the stigma inwardly. He now feels that since his culture and people are subject to disapproval, he must be sensitive about his religion and about his association with fellow Jews. The so-called flight from Judaism and from Jewish friends is an evidence of the existence of an inferiority complex upon the part of Jews. This inferiority complex may also result in an attitude of overcompensation in which all criticism of Jewish life is resented and in which the Jewish aspect of every subject is emphasized. On the other hand, there is often a deliberate attempt to disguise the inferiority complex by wiping out differences between Jewish and non-Jewish institutions, even among the orthodox—by observing Christmas, calling Passover "Easter", and giving children non-Jewish names.

Persecution has left the mark of fear on the psychology of the Jew. Just as a whipped child runs into hiding, so, as a result of anti-Jewish pressure, the Jew retires unto himself or to the society of his kind. This reaction is interpreted as antisocial, clannish—he is accused of not being a good mixer. But a brand was seared into his soul during many generations of life in exile and the memory of it is not easily forgotten.

Exclusion from guilds of artisans, restrictions on owning land, prevented the Jew from engaging in those occupations that call for the large muscular responses. His sudden and frequent expulsions from one place after another required him to concentrate his wealth in portable form, and his freedom from church regulations as to interest made him the money lender. As Werner Sombart has pointed out,[1] the dispersion of the Jew in many lands made him the international trader and banker. These occupations restricted his muscular expression, stunted his motor mechanism, and afforded none of the relief from mental tension that is obtained through the exercise of the large muscles of the trunk and of the limbs.[1] No small part of the high tension of the Jewish mentality is due to this cause, which is being overcome in the modern Jew by the extension of the range of his vocational activities and by hearty indulgence in athletics and outdoor recreation.[2]

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[1] *The Jews and Modern Capitalism.* London: T. Fisher Unwin, 1913, pp. 13, 28.

For the Jew of the Middle Ages, the struggle for survival was keen. Life and death frequently depended upon a prompt and adequate response. Just as a step-up transformer raises the voltage of an electric current, so rigid conditions of life raised the mental tension of the Jew. As a result of rapid living, the Jew matured early and aged early, both physically and mentally. Now, G. Stanley Hall, applying the Aristotelian doctrine of catharsis, has pointed out that sound living at any stage of an individual's career requires full development during preceding stages.[3] In other words, a "slow hatch" produces a normal maturity. The Jew missed his childhood and therefore lived an abnormal adult life. The modern recognition of the claims of child life may do much to remove this cause of mental disorder among Jews.

The early maturing of the Jew may have been part of the compensation of nature, which is exemplified in other directions. For instance, after great wars in the past that depopulated a country, the birth rate rose, and it is said that males predominated among the new-born, thus making good the ravages of war.[4] This self-corrective attempt of nature may possibly be in part the cause of the daring modes of dress adopted by women, of the relaxation of standards in the drama and in other social institutions, and of many other post-war social phenomena, whose aim seems to be to restore the decimated populations.

Perhaps the early physiological maturing of Jews, which has been noted as a medical fact, and their fecundity under persecution since the days of the Pharaohs, may likewise be a compensation of nature to maintain the stock under adverse conditions. However, under a more liberal régime the Jewish birth rate declines with that of the general population, and the two-child family is generally prevalent among the middle-class Jews of western Europe and the United States. Many further interesting sidelights might be thrown on the relation of physiological precocity and fecundity to intellectual capacity and mental well-being. However, this would lead us too far afield.

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[1] See *Youth*, by G. Stanley Hall. New York: D. Appleton and Company, 1907. Chapter II. *The Muscles and Motor Powers in General.*

[2] See *The "Nervousness" of the Jew*, by Abraham Myerson. MENTAL HYGIENE, Vol. 4, pp. 65–72, January, 1920.

[3] *Op. cit.*, p. 3.

[4] See "The Ratio of Male to Female Births as Affected by Wars", by E. R. Shaw. *Journal of the American Statistical Association*, Vol. 18, June, 1922, p. 253.

The speeding up of the mental capacity of the Jew explains the peculiar statistical dispersion of ability noted by the late Joseph Jacobs[1]: namely, that Jews differ from non-Jews in that they are clustered about the extremes of a statistical grouping—that they have a larger percentage of deaf mutes and of musically gifted, of the color blind and the artistically talented, more paupers and more millionaires, more genuises and more idiots. They seem to be deficient in the average, the middle group of the statistical array. They do not present the typical statistical curve. The explanation may be that only the keen-witted Jews survived, that the average were lost in the stress of life. Perhaps, by another compensation of nature, she struck her averages by pairing off the extremes. The range of capacity among Jews is wider, but is distributed on opposite sides of the normal line. The milder conditions of existence of the modern Jew will probably result in the subsiding of his mental tension and the restoration of the normal statistical grouping of the psychological traits of individual Jews.

One naturally asks how, in the face of these difficult conditions, it was possible for the Jew to maintain his mental equilibrium during the dreary centuries. The answer is, his sublime faith, for the sake of which and by means of which he suffered in fortitude and died in hope. The loss of faith on the part of the modern Jew is to some extent, no doubt, the cause of his abnormal conduct and his nervousness. His faith-nutured and now faith-starved soul, therefore, turns to new creeds and fads as a substitute support in his mental difficulties.

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[1] See his *Studies in Jewish Statistics.* London: D. Nutt, 1891. Appendix B. *The Comparative Distribution of Jewish Ability,* pp. xli–lxix.

EFFECT OF CHANGES OF ENVIRONMENT ON THE PSYCHOLOGY OF THE JEW

The modern Jew is in part the product of the civilization of a Europe emerging from barbarism. He is not inherently a peculiar character. Indeed, any people subjected to the same difficult conditions would very likely develop traits similar to those of the Jew. Probably the Christian Armenians under Mohammedan rule are the nearest case in point.

Proof is abundant that the mental characteristics of Jews are largely the results of their environment, past and present. In fact, the differences evident to-day between Jews of the several countries indicate clearly the effect of environment on their traits. The tolerant atmosphere of pre-war Austria and Hungary produced an unusual quota of Jewish professional men, legislators, and scholars, and evolved a genial and gentle type of Jew. On the other hand, the German Jew, restricted in army and university life before the war, but unhampered in business and in scientific research, produced *entrepreneurs* of the type of Ballin and Rathenau and scientists like Ehrlich and Wassermann, who helped to create the great Germany of pre-war days. And so on. The Polish and Russian Jew, energetic, at once spiritual and iconoclastic, was the creature of his unfavorable environment, and the traits of any one generation of eastern European Jews are to be assessed in the light of the conditions that produced them.

Change the environment of the Jew from the Russian ghetto to free America and his character changes. As he assimilates the culture of American life, he becomes reserved. Children of the second generation lose a good many of the traits of the persecuted Jew. They are less high-strung, less devoted to the family, more poised; they are better social mixers; they lose the sense of inferiority. However, social ostracism of and discrimination against the Jew has developed in him a new set of mental traits which characterize the partly assimilated Jew in western Europe and the United States.

Again, the environment of Palestine has a remarkable effect upon the immigrant Jew. Even those who are not in sympathy with the movement for the settlement of Jews in Palestine have reported that the bent-backed Jew of the

Russian ghetto becomes in the second generation a stalwart, clear-eyed marksman and rider, vying in his dare-devil feats with the cowboy of our American West.

Is there a Solution?

The recognition of the problem of mental hygiene as a maladjustment of the individual to his environment, and an analysis of the historic effect on the Jew of the rigorous environment in which he has existed, make the solution of the problem of Jewish mental hygiene obvious. The conflict between the Jew and his environment must be eliminated.

By what means, then, may this aim be reached? Either the incongruous elements must be removed or they must be made compatible. First, assimilation of the Jews will eliminate the conflict; physical absorption by intermarriage will do away with the Jew as a separate race and therefore also the problem of his adjustment to the environment. This view is held by some Jews in western Europe and in the United States. Immigration to an environment favorable to Jewish life will also eliminate the conflict. Palestine will, some hope, constitute such an environment. There the Jew will survive and thrive because the environment is not repressive. Finally, the Jew in our own country, for example, may become mentally adjusted to his present environment by working out some rational philosophy and an institutional life in the United States that will harmonize the historic culture of the Jew with the nascent culture of American life and fill in the great hiatuses in the old Jewish life, such as the enforced lack of manual labor, of physical exercise, and of play.

The implications of these three solutions abut on the field of sociology, which is beyond the scope of this paper.

COMMITMENT PROCEDURE AND THE STATE HOSPITAL

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THE matter of commitment procedure is intimately associated with the evolution of the conception of insanity and old and new ideas as to the function of the state hospital. The term "insane" is ambiguously used. In the lay sense, it means strange or unusual behavior, behavior that is regarded as antisocial or dissocial. In the earliest times such behavior was looked upon as the result of a visitation either from heaven or hell. Later, the mystical coloring was discarded and insanity was considered a moral or mental perversion. When the unusual behavior was antisocial, the deviation was viewed as a manifestation of a ruptured personality in which the brutal or animal attributes had been criminally allowed to overcome the higher or social elements. However, if the behavior was not distasteful, socially speaking, it was frequently regarded as merely amusing or clownish, or if it had a religious or political bearing, was sometimes heralded as allied to genius or the supernatural. Many leaders of crowds, uprisings, cults, and so on, have been psychopathic individuals.

The antisocial insane were at first treated as criminals or as demoniacally possessed, and were imprisoned, executed, or punished in other ways that were considered fitting at the time, shocking as they seem now in the light of our present-day standards.

The next stage in the evolution of the attitude of society toward the insane was represented by a wave of humanitarian enthusiasm associated with the doctrine of the moral or religious causation of insanity. This led to the establishment of asylums or hospitals in which the patients were treated by "moral means" so-called—that is by persuasion, by being placed in beautiful surroundings, and by isolation, which was considered conducive to meditation.

With the rise of materialism in science in general and the development of the concept of cellular pathology in medicine in particular, the formulation that disordered function was due to organic defect began to be applied to the insane also. The realization grew that insanity was a medical problem, and the hospitals in which the insane were segregated were placed under medical management.

During both of these periods, admission to such hospitals was easy, by voluntary application or by the application of relatives or friends. It was in dealings with the antisocial insane that the legal concept of insanity crystallized, finally becoming the only precise definition of the word. Insanity came to mean nothing more or less than a mental condition that called for segregation and subsequent detention, and legal declaration of insanity was resorted to only when a patient's antisocial behavior became grave enough to warrant this definition. Otherwise, the solution of the problem was left to the patient or to those interested in him.

Superintendants of hospitals in those days were autocratic. They wielded absolute power in the matter of the detention or discharge of patients and exerted a wide authority in shaping and influencing opinion in all matters of abnormal behavior. Undue optimism characterized the general attitude toward the curability of insanity in those early days of hospital care. Superintendents published glowing statistics in which the percentage of cures mounted to 90 and 95 per cent. It is interesting to note that these statistics were obtained by compilation from discharges rather than from admissions. Some patients were discharged as cured several times in a year.

From an attitude of optimism and confidence in the hospitals, public opinion—in the face of many disappointments, after high hopes had been raised by unguarded promises and erroneous statistics—changed to one first of skepticism and then of suspicion. The idea that patients were unjustly detained, that corruption existed in the hospitals, that incarceration could be brought about by bribery, and the like, gradually spread and resulted in legislation that aimed to safeguard the persons of those who were accused of insanity.

Thus began a movement that not only made it more difficult to become a patient in a hospital, but at the same time made commitment more of a legal and less of a medical matter. People were ''charged'' with insanity and were dealt with in the same manner as those who had committed crimes. Complaint, arrest, detention in jail, trial, a guard of police officers or deputy sheriffs, the exhibition of handcuffs, all the sordid accompaniments of conflict with the law, became the recognized and eventually the only means of dealing with the insane. Court procedure in cases of insanity came to parallel that in criminal cases, in order to insure two things: first, that society should be protected from an individual supposedly dangerous to life and property; second, that the accused individual should not be deprived of his liberty without due process of law.

The pendulum swung from unwarranted optimism to hopeless pessimism in regard to the outlook for recovery from mental disorder. The care of the insane became simply segregation from society when public safety was deemed in danger, followed by a purely custodial régime in an asylum, which too often was politically dominated. The lay attitude toward insanity and hospitals for the insane became eventually a mixture of fear, hopelessness, suspicion, and hatred, capped by a sense of finality, shame, and secrecy, once commitment was executed.

Fortunately, the idea that insanity was ultimately a medical problem persisted and grew. A few revered medical pioneers, studying the segregated cases from a scientific standpoint, developed the theory of mental disorder as a biological reaction. Insane behavior was to them not so much a disease in the ordinary sense of the word, though disease might enter in as a factor; it was the result of the reaction of an individual—perhaps handicapped by heredity, environment, and physical disease—to the situations that he was forced to meet in life. In other words, insane behavior is behavior of the individual as a whole, although in many cases this is conditioned by bodily disease.

Once this notion became recognized, it was soon seen that actually insane behavior was merely an extreme type or end product, separated from normal or average behavior not by an impassable gulf, but by various gradations of abnormal behavior. Ordinary nervousness, exaggerated moods, tantrums, the use of alcohol and drugs, religious fanaticism, various forms of delinquency, and the like, were recognized as primitive, unhealthy, or inferior modes of reaction of handicapped personalities, different, not in kind, but in degree, from insanity.

Thus we see that the word insanity may be said to have three meanings—the lay meaning, the legal meaning, and the medical meaning. To the layman, the word implies unusual, unconventional, and often antisocial behavior. In the legal sense, it means behavior of such a character as to warrant the segregation from society of the individual manifesting it, and court procedure—often the appearance of the individual in court, in a setting that only too frequently savors of criminality—has been deemed necessary in order to safeguard the liberty of the person charged with such behavior. Finally, we have the medical or psycho-biological meaning of insanity, based on the study of frank cases, usually the end stages of a process that has been advancing for a long time from a recognizable, but usually unheeded, incipiency. The medical concept has come to mean abnormal behavior—abnormal in that it is out of accord with and not adapted to reality. The possibility of a wide discrepancy between medical and legal concepts of insanity is thus obvious.

Until comparatively recent times the state hospital for the insane has been closed to all but the legally insane. Those pioneers of psychiatry who were responsible for the biological concept of mental disorder soon saw the broad significance of that concept and recognized two outstanding facts. They saw, first, that the roots of the disorders that eventuate in commitment extend months or years back into the past and involve a wide variety of factors, chief among which are heredity—with its effect upon constitution, both mental and physical—individual personality make-up, and environment, including disease and social factors. Secondly, they saw that many cases that came under the medical notion of insanity and abnormal behavior were denied the service and attention that their condition warranted because they did not fall within the legal category of insanity. They realized that the psychiatric viewpoint and method of approach, developed behind the walls of the insane hospitals in their isolation from the world, could be very profitably applied to this class of cases and to many other problems of social inadequacy—delinquency, prostitution, mental deficiency, constitutional personality peculiarities, problems of industrial unrest, and so forth. Thus began the extramural ramifications of psychiatry and the modern mental-hygiene movement.

It was one of the first principles of this new movement that admission to the state hospitals should be made easier and that the commitment procedure should be, as far as practicable, shorn of its legal features, to do away absolutely with the idea that it was a crime to be insane, a conviction that many of the committed patients had had firmly fixed in their minds by the time they reached the hospital. It was realized that many cases of mental disorder, though not legally insane, would derive great benefit from treatment in a state hospital, especially when such hospitals should have adjusted their policies to the new conception of insanity. From a passive rôle, exercising the function of custody and seclusion of those who had been adjudged insane and therefore dangerous, the hospital was to become active in a reconstructive, reëducative sense. The first step in this new program was the enactment of the voluntary-commitment law, which permitted suitable cases to enter the hospital without court procedure and without the sacrifice of civil status. In many states this is the only step that has been taken in harmony with the modern trend of psychiatric opinion.

Except through use of the privilege of voluntary commitment, the only way into many of our state hospitals is by way of the sheriff's office, the jail, and the court room. There is nothing that the average citizen more cherishes than the sense of being a member of society, one of the herd. To be arrested or accused or in any way touched by the hand of the law is symbolic of being outside the herd—an outcast from society. Nothing is more conducive to feelings of self-abasement, humility, and inferiority than the accusation of antisocial behavior. Many psychiatric conditions depend for their abnormality upon exaggerated emotional states of depression, feelings of inadequacy and self-condemnation, suspicion, and the sense of being persecuted, with the attendant emotions of fear and hatred. The psychological effect of the routine commitment procedure can readily be imagined; nothing could be better calculated to produce or exaggerate a conviction of disharmony with society. With this conviction will necessarily go an undesirable, unhealthy emotion—depression, rage, hatred, suspicion, or what not. Frequently handled by persons utterly unfamiliar with the care of insane patients—persons accustomed to the custody of hardened criminals—perhaps kept for days in jails, too often vermin infested, is it strange that our patients build around them a wall of hatred and suspicion, or develop a conviction of sin and unworthiness that it may take months to overcome?

In view, then, of the best modern psychiatric thought, it would seem that the present methods of dealing with the insane in many communities are fundamentally inadequate, both psychologically and from the utilitarian standpoint. If abnormal behavior is a medical problem, then it should be, in so far as practicable, dissociated from its present legal management, and admission to the state hospitals, the centers of psychiatric medical activity, should be made easy rather than difficult and humiliating.

The disorders of the mind that ultimately culminate in what may be called legal insanity—a condition in which the patient is dangerous to life and property—are frequently of slow and insidious growth, so that often it is impossible to determine at just what point a peculiar personality ends and disease begins. In this long process, proper guidance, applied early, could without doubt often alter the course at various points for the better. It seems highly probable that we could help such early cases if we could bring our assistance to bear when their difficulties first arise.

There are many cases of mental abnormality, often not legally insane, whose problems could more easily be solved were they removed from their habitual environment. Many such mental states manifest themselves suddenly, and patients suffering from them can often be partially or wholly restored in a comparatively short time. There are many toxic and delirious states associated with various infectious diseases, with the abuse of alcohol and drugs, with child birth, as well as confused conditions found in senile and arteriosclerotic individuals, which require a combination of physical nursing and psychiatric management available only in an organization trained to deal with mental disorder. In the functional states, so closely akin to a twist or a sidetracking of the personality, many might be saved if we could, at the appearance of the first danger signals—which, perhaps, consist of a vague change of disposition, a loss of interest, worry, hypochondriacal preoccupations, a tantrum, or what not—remove them from their usual surroundings, occupy ourselves with them, enter into their struggles, and not allow them to mull over their troubles alone. If such early cases could be placed in an environment in which stimulation of healthy interests would be the aim, in an atmosphere in which bad mental habits could be disintegrated and habits of satisfaction in some concrete and wholesome activity substituted, in which self-confidence could be gained through the attainment of real efficiency in a vocation possible to the individual in question, a construction rather than a destruction of the personality might very well be the result.

A few communities have altered their statutes so as to make possible the initiation into practice of this new concept. A far larger number, unfortunately, have not. In making the state hospitals centers of mental hygiene, an amendment of the present commitment laws that will minimize the legal aspect of the regular commitment procedure and make admission to the hospitals easier must be the first step.

Instead of continuing to deal only with behavior problems delivered to them by court procedure, the state hospitals can take a second step toward their maximum utility for society by assuming an active and aggressive rôle and reaching out into the community to meet those problems in the precommitable stages, as well as other conduct disorders which by their nature are never dealt with inside institutions, but to which the psychiatric method is admirably adapted. The fact that the development of psychiatry has centered around the state hospitals makes it practical and proper to rely largely on them as centers for the extension of psychiatric activities.

The first essential in such a program should be the close affiliation of the state hospitals with the universities and medical colleges. Students should be as familiar a sight on the wards of the state hospitals as on those of the general hospitals. A wealth of material presenting a unique blend of the effects of physical disease and psychological factors on the integrated individual as a whole is to be found on the wards of our great hospitals for the insane. Little use has yet been made of this material for observational purposes. The medical student must be taught to regard a person not merely as a group of separate organs to be studied individually when one or the other may be functioning badly; he must be made to realize that there is an integration of all these units into the personality of the human being that we know, and that the latter and the individual units mutually influence each other. He should be taught so to shape his examination that neither factor is studied to the exclusion of the other, but that each is given equal consideration.

Other means through which the community can be reached are out-patient clinics, traveling clinics, lectures, educational visits to hospitals, and the like. Contacts could be made with all organizations and agencies in the community that may deal with or in any way come into contact with abnormal behavior, such as the schools, the charitable agencies, the courts, employment agencies, industrial organizations, and so on. The aim should be to make it as easy and practicable to secure psychiatric advice as advice in any other medical specialty.

Thus, from the state hospital as a center, there will flow out into the community a steady stream of instruction that will overcome prejudice, allay fear and suspicion, dispel mystery, and gradually eliminate the distinction between ordinary nervousness at one extreme and insanity at the other, by showing that both are but very human, if primitive and childish, modes of reacting to life. In this way will mental hygiene and psychiatry demonstrate their maximum pragmatic value to society.

THE USE OF A TRAVELING CLINIC IN A SCHEME FOR THE NEUROPSYCHIATRIC EXAMINATION OF SCHOOL CHILDREN

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AT THE suggestion of Dr. C. Lincoln Furbush, Director of the Philadelphia Department of Public Health, a clinic was organized for the examination of school children presenting behavior abnormalities. The Lee Special School, Front and Girard Avenue, was chosen for this work, after consultation with Dr. Cornell, of the Division of School Medical Inspection. As the Lee Special School receives children from all parts of the city, it was thought that a study here would yield fairly uniform data and give a good idea of the general problem involved in the disciplinary classes. This selection for a preliminary study proved to be a fortunate one, owing to the unusual interest and coöperation of Mr. Martin, principal of the school, and his staff.

An attempt was made to direct the study of two groups of children—one selected by the teachers as presenting difficult problems of behavior, and the other composed of pupils in two of the upper grades, who, owing to their age, presented a more extensive delinquent career. As the work advanced, our conclusions did not justify this separation of the two groups; they are, therefore, discussed together in our report. In all sixty-two boys were examined.

The examinations of these children were divided into physical, psychiatric, and psychometric. It was hoped that the information collected under these heads would give us many facts with regard to preventive measures and later treatment.

The work of the clinic was carried on by a limited personnel, consisting of a psychiatrist, a social worker, a psychologist, and an internist who had had previous experience in group physical examinations. Miss Ruth Lloyd, social worker, and Mrs. Dorothy Kern Hallowell, psychologist, rendered invaluable assistance in this study. The histories were obtained by the psychiatric social worker as outlined by the psychiatrist, special emphasis being laid on personality traits and reaction tendencies and the rôle played by situation in the problem. One morning of three hours' duration, each week, was given for this work. The assembly room of the school was quickly prepared by clearing spaces for the examination and by the placement of several screens. Relatives were interviewed and histories obtained for subsequent examinations simultaneously with the physical and psychiatric examinations. The psychological testing was performed in a separate room where quiet conditions could be obtained.

Before we begin to discuss the results of our examinations, it may be well to give a brief outline of the special-school system in Philadelphia. There are eight types of special classes in the Philadelphia schools: orthopedic, nutrition-open-air, nutrition-open-window, English, deaf, sight-saving, orthogenic-disciplinary, and orthogenic-backward.

We were concerned with the orthogenic-disciplinary group. The purpose of our study was simply to gain an impression of the psychiatric material that presented itself in this special school, and to see if a psychiatrist could be of service in handling the school problems of the special classes. It was expected that later we could present a scheme for the organization of a neuropsychiatric examination of school children to be used throughout the city. Our work, therefore, was limited briefly to an investigation of the causal factors involved and to suggestions regarding standardized methods of treatment and prevention.

We did not have the personnel for essential psychiatric social work or the facilities for after-care. It is hoped, however, that these phases of the work can be arranged for later, and the results tabulated after an appropriate period of time has elapsed. As a matter of fact, many of the boys examined were treated later in the city neuropsychiatric clinic. One boy returned to the clinic of his own volition. Throughout our brief work, the best possible coöperation was obtained from the boys' parents, many of whom realized the need and importance of a neuropsychiatric examination.

Psychiatric Examinations

In the mental examination of these sixty-two children, one was especially impressed by the following psychopathological behavior trends: abnormal seclusiveness; shyness; impulsiveness; sensitiveness; laziness; inattention; excitability; lack of interest; poor respect for authority of any kind, whether school or parental; and bad sex habits, including promiscuity at an early age.

A gang spirit seemed to dominate many of these boys, originating in desire and competition for leadership. Some of them associated their initial school difficulties with the influence of companions, especially older boys. Truancy was often found to have its roots in lack of interest in school work. In many cases the boys gave one the impression of just waiting until they could obtain their working papers. Others seemed contented with the progress already attained and had no desire for further school training after leaving the special class. Some were extremely sensitive about attending a special school, frequently refusing to tell their friends about it. Quite a number were frankly attempting to proceed with their education because of the stimulus held out to them that they would soon be allowed to return to regular classes.

A search was made for initial school difficulties and the exact situations in which they arose. Since the home is the laboratory in which personalities are developed, the mental atmosphere of the home frequently may account for behavior abnormalities at school. The attitude of the parents and their behavior reactions, such as moodiness, indifference, resentment, the attitude of an older brother or sister, petty jealousies of all descriptions, may be reflected in the child's reaction to school work. The importance of these facts has long been recognized in the psychiatric examination of children. The rôle played by situation, therefore, was first considered in the examination of these children. The importance of this rôle of situation has been fully emphasized and demonstrated in the results of Richards[1]. We feel that our findings fully substantiate the validity of her conclusions.

Since we feel it advisable to avoid tiresome case-history reports, the situational data in these sixty-two cases may be briefly discussed as follows: General home conditions were found to have had a marked influence upon the development of personality trends and behavior reactions, not only in school, but also in the home. Such conditions as marked friction between parents, nagging by parents, poverty, dislike of a step-parent, and the like, were frequently associated with the beginnings of a delinquent career. On the other hand, many boys with marked ability had been unable to adjust themselves because of the general inadequacy of home conditions and opportunities. Faulty hygienic routine was a factor in many of our cases; poor eating and sleeping arrangements were the rule. Many of the boys showed the effects of the excessive use of stimulants, especially coffee. Since in childhood suggestibility is a very marked characteristic, it is not surprising that approximately 50 per cent of our cases showed in their initial school difficulties the influence of bad companions, usually older boys.

The rôle of faulty habit formation, usually without parental correction, was noted in many of our case records. These include habits of all types, such as may result, if unchecked by parents, in temper tantrums, panicky outbreaks, carelessness of personal appearance, and so forth. The effect of early experiences in the way of lying and stealing associated with conflict was often evident. The lack of accurate sex knowledge was very marked. Faulty habit formation, with resulting mental conflict, determined the personality make-up and behavior characteristics of many of the boys examined.

PSYCHOTIC REACTIONS

As to psychotic reactions, few actual psychoses were encountered. However, many incipient mental conditions were considered to be present, some of which might later develop into definite psychotic manifestations. Many boys showed a tendency toward a depressive reaction, characterized by slowness in planning and thinking and an affective disturbance of depression, usually in reaction to the situation. For instance, one boy who had been deserted by his father and who now has a foster parent was very much depressed because he considered himself a burden; he admitted a feeling of inadequacy and showed typical retardation and mood disorder, such as are encountered in later depressive reactions. This mental condition was found to be associated with his poor school progress and delinquent traits. Other types of disorders such as are covered by affective trends of general elation, with periods of overtalkativeness and overactivity, were encountered in this study. These manic trends were not pronounced, but appeared to be definitely related to those of the adult group classified under the heading manic-depressive insanity. Many boys showed paranoid tendencies. One was considered to show definite schizophrenic manifestations. In many there was a psychoneurotic type of reaction, and this was especially marked in a boy whose complaints of weakness, nervousness, pains in legs, and the like, developed after an operation for circumcision, which he blamed his parents for permitting. He was very antagonistic at home, constantly manifesting traits of irritability, stubbornness, resistiveness, and general incorrigibility, which on two occasions resulted in admission to the House of Detention. Another boy showed an interesting reaction similarly conditioned by an experience he had had some years previously when he was shocked by touching an electric wire. He reacted to this fear by stammering, which has persisted for several years. No organic basis was found for this speech defect, about which he was very sensitive, and it appears to have contributed to his poor school progress and delinquency. In short, examination of these boys made it evident that many of them were in need of definite psychiatric treatment, and in our recommendations many were suggested as in need of further study in a neuropsychiatric clinic. A number of the cases could be admitted to a children's psychopathic ward for further study and observation.

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[1] Dr. Esther Loring Richards. See *Some Adaptive Difficulties Found in School Children*, MENTAL HYGIENE, Vol. 4, pp. 331–63, April, 1920; *The Rôle of Situation in Psychopathological Conditions*, MENTAL HYGIENE, Vol. 5, pp. 449–67, July, 1921; *The Elementary School and the Individual Child*, MENTAL HYGIENE, Vol. 5, pp. 707–23, October, 1921.

Another striking fact in the histories of these boys was that the majority of them showed neurotic traits during childhood, such as night terrors, bed wetting, thumb sucking, capriciousness regarding food, with the later establishment of definite traits of character associated with initial school difficulties. Considered, therefore, from the viewpoint of personal history, delinquent career, and personality make-up, the majority of the cases were found to be in need of psychiatric study. Furthermore, this psychiatric study would have been more effective if it had been made at the very onset of their difficulties, when their teachers first noticed "marked retardation, truancy, sex misdemeanors, general incorrigibility, larceny, insubordination", and the like. If they had been examined when their school difficulties first appeared, the study of these cases would have proved more satisfactory, better results could have been obtained, and probably many delinquent careers checked. This, however, will be stressed further in our scheme for the neuropsychiatric examination of school children.

Psychometric Examinations

The results of our psychometric examinations are very surprising in that they show that a large percentage of these boys were apparently mentally deficient according to the popular Binet tests. This is graphically shown in the accompanying charts (1 and 2). The tests employed consisted of the Short Alpha Group tests, which were given to two of the sixth-grade groups. These tests were on general information such as has been adjusted to routine army examinations. The graphic results showed poor returns; only one boy had a mental age higher than his chronological age. Eleven boys fell below the age level of ten years. Through the use of these group tests, all cases were eliminated in which mental age fairly closely approximated chronological age. The thirty-nine individuals who remained were given the Stanford-Binet tests, Healy A, Healy B, Witmer cylinders, Gwyn triangles, memory span, and Porteus maze. It was possible through these tests to uncover any special abilities or disabilities. For example, the performance tests show ability to handle concrete material, while the Binet tests

CHART 1

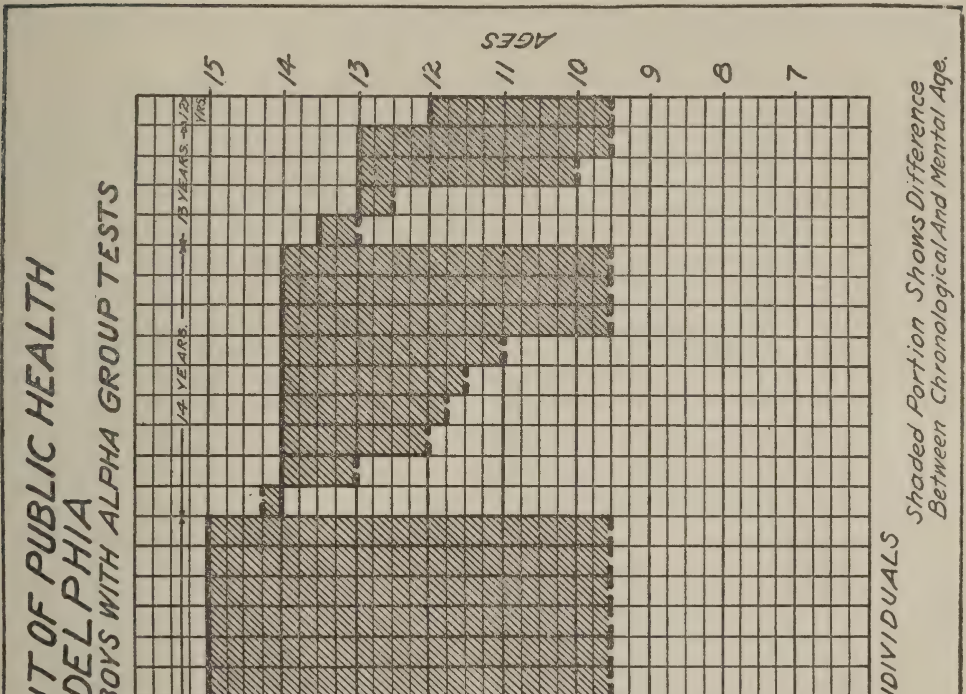
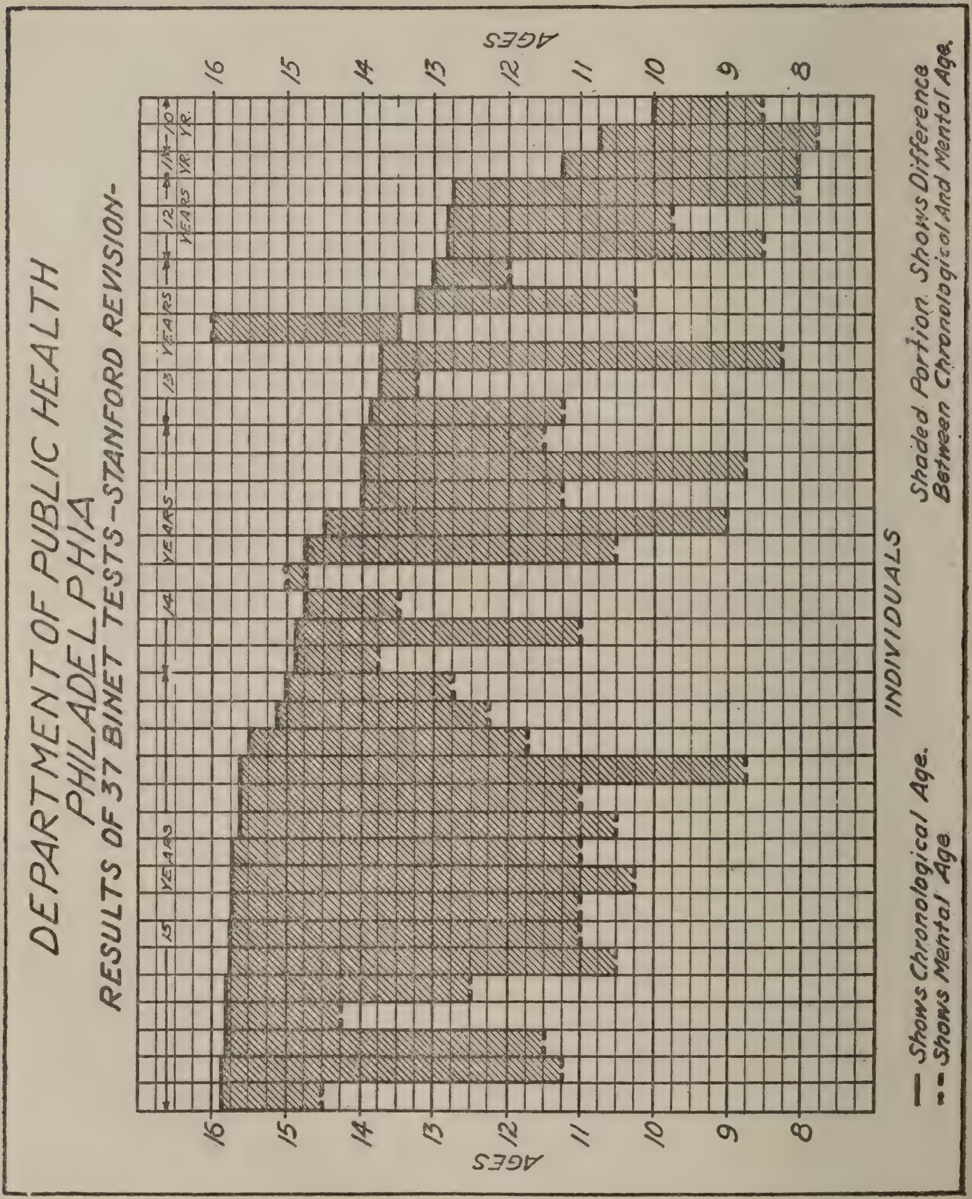

DEPARTMENT OF PUBLIC HEALTH
PHILADELPHIA
RESULTS OF 34-6B BOYS WITH ALPHA GROUP TESTS
15 YEARS
14 YEARS
13 YEARS
12 YRS.
AGES
15
14
13
12
11
10
9
8
7
INDIVIDUALS
Shows Chronological Age.
Shows Mental Age.
Shaded Portion Shows Difference Between Chronological And Mental Age.

CHART 2


DEPARTMENT OF PUBLIC HEALTH
PHILADELPHIA
RESULTS OF 37 BINET TESTS-STANFORD REVISION-
15 YEARS
14 YEARS
13 YEARS
12 YEARS
11 YR.
10 YR.
AGES
16
15
14
13
12
11
10
9
8
INDIVIDUALS
Shows Chronological Age.
Shows Mental Age.
Shaded Portion Shows Difference Between Chronological And Mental Age.

largely depend on language ability and ability to deal with the abstract. One boy refused to take any of the tests. The others were diagnosed as follows:

7 as normal
2 as slow normal
9 as dull normal
14 as of border-line mentality
6 as moron

Many cases were found in which ability in one direction contrasted with handicaps in others. For example, a Hungarian boy, aged sixteen, in the sixth grade, showed excellent performance ability, but had a marked language handicap and an intelligence quotient of 74, according to Terman, which would place him in the border-line-mentality group. Another boy, an Italian, aged fifteen, showed similar results, the intelligence quotient being 65, which would definitely place him as feebleminded. Hungarian was spoken in the home of the first lad, Italian principally in the home of the second. The handicap in language ability was in each case found to be due to environment. Another boy had a handicap due to his deafness. The converse of these cases was that of a boy who showed good language ability and poor performance ability.

Since many of these boys have been in special classes for long periods of time, it was not astonishing that they gave very poor intelligence-quotient ratings; for instance, individuals with a long record of truancy, such as a majority of these boys presented, could not be expected to give a normal intelligence rating. We do not, therefore, consider these boys definitely mentally deficient. Their delinquency, lack of uniform teaching, disabilities, personality make-up, reaction tendencies—usually on the basis of some faulty situation—may well explain their poor showing in the tests. Again, we must remember that many of them manifested definite affective disturbances which may have materially influenced the results of the psychological testing[1].

We are beginning to realize the truth recently stated by

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[1] See *Influence of Affective Disturbances on Responses to the Stanford-Binet Test,* by Stephen Perham Jewett and Phyllis Blanchard. MENTAL HYGIENE, Vol. 6, pp. 39–56, January, 1922.

Scott[1] that as there are degrees of mental defect and mental deficiency, there are also degrees of affective defect and affective deficiency. A faulty emotional reaction, as characterized by periods of depression, anxiety and elation, apathy and indifference, was present in a large percentage of our cases.

Physical Make-up

Physical examinations were completed on ninety-eight boys. The results of these examinations differ little from other group examinations of this type. I am indebted to Dr. A. B. Nessler, Resident Physician of the Philadelphia General Hospital, for the excellent physical examinations of this group. It was especially significant that one-third of the cases were underdeveloped and undernourished. Regarding physical findings, ten cases were considered to show suspicious signs of tuberculous lesions, eleven had well-compensated heart conditions, and many were suffering from constipation, probably due to a faulty dietetic routine. Six had positive Wassermann reactions. Thirteen were recommended for tonsil and adenoid operations; many others had already had these operations performed. The need of active physical treatment in this group is obvious.

Organized Neuropsychiatric Examinations

We feel that the scheme for organized neuropsychiatric examinations of school children is covered in the accompanying chart (Chart 3). It will be necessary especially to emphasize the importance of examining school children at the beginning of their difficulties, and not—as was so frequently the case in our group—from five to ten years later. In fact, the establishment of habit clinics for children of pre-school age is highly advisable. The results of such a clinic have been recently demonstrated by Thom.[2] Since plasticity of personality, suggestibility, imitativeness, and response to encouragement are greatest during childhood, we can utilize

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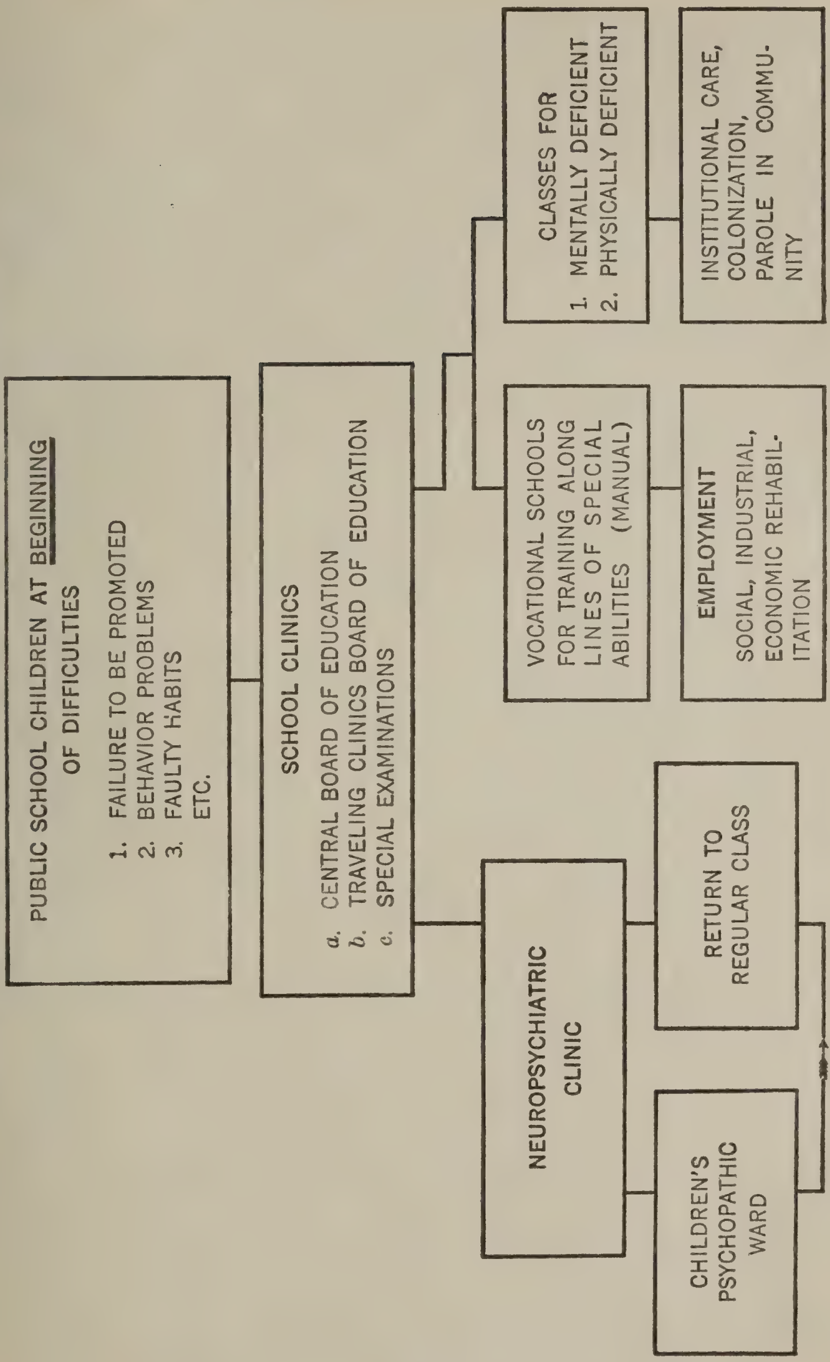
[1] See *Three Hundred Psychiatric Examinations Made at the Women's Day Court, New York City,* by Augusta Scott. MENTAL HYGIENE, Vol. 6, pp. 343–69, April, 1922.

[2] See *Habit Clinics for Children of the Pre-School Age,* by Douglas A. Thom. MENTAL HYGIENE, Vol. 6, pp. 463–70, July, 1922.

CHART 3. NEUROPSYCHIATRIC EXAMINATION OF SCHOOL CHILDREN


PUBLIC SCHOOL CHILDREN AT BEGINNING OF DIFFICULTIES
1. FAILURE TO BE PROMOTED
2. BEHAVIOR PROBLEMS
3. FAULTY HABITS
ETC.
SCHOOL CLINICS
a. CENTRAL BOARD OF EDUCATION
b. TRAVELING CLINICS BOARD OF EDUCATION
c. SPECIAL EXAMINATIONS
NEUROPSYCHIATRIC CLINIC
RETURN TO REGULAR CLASS
CHILDREN'S PSYCHOPATHIC WARD
VOCATIONAL SCHOOLS FOR TRAINING ALONG LINES OF SPECIAL ABILITIES (MANUAL)
EMPLOYMENT
SOCIAL, INDUSTRIAL, ECONOMIC REHABILITATION
CLASSES FOR
1. MENTALLY DEFICIENT
2. PHYSICALLY DEFICIENT
INSTITUTIONAL CARE, COLONIZATION, PAROLE IN COMMUNITY

these fortunate assets in our efforts to obtain adjustment. We would, therefore, urge that before a child is sent to a special school, he be examined while still in the regular school. All pupils should be examined when they repeat a grade. The evidence is that many of this group could be saved and continue their education instead of spending prolonged time in special classes. This could be arranged by the establishment of a central school clinic in charge of a directing psychiatrist and a psychologist, with adequate psychiatric social workers and clerical help. The establishment of traveling clinics by the board of education should be directed from these school clinics, acting in close coöperation with school physicians and nurses. That traveling clinics have proved worth while since their inauguration by Fernald[1] has been shown in the results of his Massachusetts surveys. Despite brief preparation and limited personnel, and its short duration, we feel that our clinic constituted a real beginning in Philadelphia and proved the efficiency of a traveling clinic.

A traveling clinic should consist, as stated by Fernald, of a psychiatrist, a psychologist, psychiatric social workers, and adequate clerical help. Detailed histories should be obtained previous to examination in clinic. The children should be examined in the school environment in which they are showing their *first* difficulty, and corrective measures should be immediately advised. The examination should include a complete history, a complete personality study, and a complete physical and mental examination such as is covered by the ten heads of Fernald's examination, which has been followed in different form in our records. Cases requiring special examinations or observation and treatment could be referred to a municipal neuropsychiatric clinic. The study of cases in a children's psychopathic ward might result in the rehabilitation of a number of individuals who show incipient mental conditions. Some of these could be returned to regular classes.

On the other side of the scheme are set vocational or training schools. These would eliminate the stigma attached to special schools, a most important consideration, since many of our boys showed marked sensitiveness regarding their attendance at a special school, and readily admitted, as stated before, that they were just marking time until they could obtain working papers. Under this system of vocational schools, a large number of individuals, usually from the age of ten to fourteen, who apparently are unable to progress beyond the fourth or sixth grade, could receive vocational training that later on would lead to useful employment instead of sentences to the House of Correction, state reform schools, and possibly prison. The recognition of special abilities and disabilities by psychological examinations[1] would help in prescribing this course of study. More attention, interest, and encouragement should be given each pupil.

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[1] See *Standardized Fields of Inquiry for Clinical Studies of Border-line Defectives,* by Walter E. Fernald. MENTAL HYGIENE, Vol. 1, pp. 211–34, April, 1917. See, also, *The Inauguration of a State-Wide Public School Mental Clinic in Massachusetts,* by Fernald. MENTAL HYGIENE, Vol. 6, pp. 471–86, July, 1922.

Other classes for the physically deficient are now provided for. Cases of mental deficiency could be recognized at an early period and assigned to proper schools for their training. At present it is recognized that many individuals whom we consider mentally deficient are able to get along in manual work without institutional care. Furthermore, border-line types of mental deficiency should always have the benefit of the doubt and at least be given every encouragement and opportunity to proceed to the full extent of their abilities. We believe that this scheme is a practical one in that it attempts to meet one of the important mental-hygiene requirements of the community.

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[1] See *The Psychology of Special Abilities and Disabilities,* by Augusta F. Bronner. Boston: Little, Brown, and Company, 1917. See, also, *The Individual Delinquent,* by William Healy. Boston: Little, Brown, and Company, 1915.

SPORT OF THE GODS

JESSIE LEMONT

He reached up toward his mother's arms and smiled.
His hands were thin like talons of a bird,
And he could never utter any word
Of pretty prattle like the other child.

And though his body grew, his mind remained
Like a small child's, as though malicious gods
With chuckling laughs, and jeers, and lolling nods
Held in a prison his dark wits enchained.

He was his mother's prayer, she guarded him,
With love enfolded him whom others spurned.
Each draught Life offered him she gently turned
To keep his lips from his cup's bitter brim.

His mother's arms he could no longer find—
Dear God! His soul was like the homeless wind.

—*The Measure.*

ESCAPES

KENNETH SLADE ALLING

The winds and brooks have yielding shapes,
And hence their happy, blithe escapes
From all the forces that would bind them;
And would that God, who has designed them,
Had with more similarity
Made me.

—*The Measure.*

ABSTRACTS

A Mental Hygiene Service for Pre-School Children. By Arnold Gesell, Ph.D., M.D. *American Journal of Public Health,* 12:1030-33, December, 1922.

A Clinical Pre-School Psychology. By Arnold Gesell, Ph.D., M.D. *Mother and Child* 4:64-66, February, 1923.

Dr. Gesell is professor of child hygiene at Yale University and director of the Yale University Psycho-Clinic. In the first of these two articles he points out the importance of mental-hygiene work for children in the pre-school years, and outlines the methods by which such work may be carried on. Psychologically as well as biologically the pre-school period is the most important in the development of the individual, since, mentally as well as physically, it is the period of most rapid and fundamental growth. Most of the physical defects of school children either originated or existed in the pre-school years, and the same thing is true to an astonishing extent of mental defects and abnormalities. From the standpoint of mental hygiene, there are, broadly speaking, three classes of exceptional or problematical children: (1) the mentally deficient; (2) the children with sensory or motor defects that have a tendency to handicap mentally as well as physically—the blind, the deaf, the crippled, and the speech defectives; and (3) the mentally abnormal—the psychopathic, the unstable, the delinquent. In a large majority of cases, the defects from which these children suffer exist and are recognizable in the pre-school years. To put off the special training that such children need until they are old enough for school or for institutional life is to waste precious time. Their training should begin in the nursery. This involves early diagnosis, systematic guidance of home care, and provision for supplementary nursery care and training. A technique must be developed for rendering mental-hygiene service to pre-school children.

A beginning has already been made in this field. The Yale Psycho-Clinic is devoting special attention to children of pre-school age with a view to determining the forms of mental or behavior development in this period and to defining methods of clinical and social procedure in work with such children. The investigation is directed toward personality traits as well as intelligence. The Baby Hygiene Association of Boston is sponsoring a habit clinic in which preventive and corrective psychiatric work is being done with young children, and educational as well as public-health leaders both here and in England are beginning to stress the social significance of the pre-school years.

Mental-hygiene work for pre-school children can very well be carried on through an extension of the activities of agencies already in existence, as follows: (a) a more systematic supervision of mental development by health and consultation centers; (b) conferences for the guidance of parents; (c) more direct assistance in the home from public-health nurses, psychiatric social workers, and pre-school visiting teachers; (d) adaptations of nursery establishments, kindergartens, and special classes to meet the needs of the more exceptional, handicapped infants; (e) an active alignment of the reconstructed kindergarten with the public-health and child-welfare agencies of the community; (f) pre-parental education dealing with the mental hygiene of child care.

In the second article Dr. Gesell describes briefly the Yale Psycho-Clinic's research work with young children. The purpose of the investigation was "to secure data for defining more correctly and more accurately the behavior traits characteristic of the ascending age levels, in terms of motor development, intelligence, habit achievement, and social reactions". With the aid of graduate students and with the coöperation of the Visiting Nurse Association and the pediatric department of the Yale Medical School, the clinic had, at the time of Dr. Gesell's writing, made individual psychological records of 300 children at the 6, 9, 12, 18, 24, and 36 months levels of development. Fifty children were studied at each level, many of them being retest cases. These children were unselected, "normal" subjects. The two- and three-year-old children were examined in their homes, the others either at the clinic or at consultation centers.

"The method of psychological investigation which we have used with the babies", Dr. Gesell states, "is one of clinical observation rather than laboratory experimentation. The baby is seated in the mother's lap, before a small table. We present him with a series of simple objects and problem situations—an enamel cup, saucer, and spoon to manipulate; a piece of paper to crumple, tear, or fold; a small pellet to pick up; a cube concealed by a cup to uncover; a rod to put into a small hole; a dangling ring to pull down; a third cube to grasp when both hands are full; and so forth.

"Simple as these materials and situations are they have been surprisingly effective in serving their psychological purpose. They have evoked behavior responses almost without fail and have revealed interesting developmental differences between adjacent levels and between individuals in the same age group.

"To delineate these differences is the first task of mental measurement in this field. Although our investigation is preliminary in character, we are confirmed in our belief that the phenomena of behavior occur according to law, that individual differences assert themselves with prognostic import even in babyhood, and that a clinical type of psychology may hope to ascertain some of these differences and offer the findings as an aid in the timely control of human behavior.''

THE CONFLICT BETWEEN THE NEW AND THE OLD GENERATIONS. By Abraham Myerson, M.D. *The Family,* 3:163-65, November, 1922.

This is a short discussion of the antagonism that arises between parents and children as the latter leave behind the dependence and physical inferiority of infancy and approach adulthood. With the rapid development that takes place at puberty, the child usually becomes physically the equal of his parents or even their superior. Mentally the parents should still be able to claim superiority, but as a matter of fact, the passing of years, instead of bringing wisdom as it should, often brings prejudices, set habits, preoccupation with narrowly practical affairs, loss of interest in history, literature, and all the larger aspects of life. It is no wonder that children in high school or college often regard their parents as dull and ignorant.

On the parents' side, there is often a certain unwillingness to relinquish authority. ''It is not to be forgotten, or covered over by any idealistic delusions'', Dr. Myerson states, ''that the exercise of power is extraordinarily sweet. To many people the one situation where they exercise power is over their children. It may be good for the child to obey unquestioningly, as is insisted upon by so many parents—I am not so sure that the wisdom of the parents merits this obedience, and further I am sure that many parents are reluctant to give up this tribute to their power and wisdom. But in the history of modern childhood there comes a time when the authority of the parent—that is, his right to power—is first questioned and then silently or openly rebelled against. When the child reaches adult life, an adjustment has usually been made by both parent and child on the basis of the full equality of the latter, but in the interim the struggle between the old and new generations has been acute.''

The antagonism between parents and children, which is characteristic to a certain extent of all homes, is intensified in the families of immigrants by the accompanying conflict between the old foreign culture to which the parents cling and the new American culture which the children have adopted. In some cases, such as that of the Russian Jew, religious schism is an added factor in the situation.

Dr. Myerson does not mean to imply that the break between the two generations becomes serious in every household. ''There are'', he admits, ''parents whose wisdom and love bridge over the challenge of the rising generation, who lift their children into equality gladly, and with a graceful recession of their ego; there are children whose parental love grows into comradeship almost without a hitch or a break.'' But the fact remains that the need for adjustment always arises. ''Within the walls of the home, where rising and receding generations meet, one finds love and sympathy, unselfishness and devotion. Indeed these flourish there as nowhere else. But we who are to face life candidly must not forget that in the same bosoms where these tender and noble feelings grow the opposites, too, are found; that rivalry and competitive feelings range themselves, secretly or openly, against the nearest and dearest. As the young grow, they face their elders critically and with covert or open challenge, and many of those who are so viewed cannot stand the inspection. Out of this situation, and as naturally as the love between parent and child, arises the war of the generations.''

WHY MANY NURSES HAVE SHUNNED THE FIELD OF MENTAL HYGIENE. By Harriet Bailey, R.N. *The Modern Hospital,* 19:358-59, October, 1922.

This paper represents Miss Bailey's reaction to Dr. L. Vernon Briggs' article, *Mental Hygiene in Its Relation to Present-day Nursing,* published in the September number of *The Modern Hospital.*[1] Realizing the justice of much that Dr. Briggs says, Miss Bailey yet feels that the nurses' side of the question should be presented, since the nursing group alone cannot change some of the conditions that are responsible for the reluctance of nurses to take up work with mental patients. This reluctance, Miss Bailey states, is not primarily due to fear or prejudice. It is attributable largely to the fact that until comparatively recently the state hospitals and a limited number of private hospitals offered the only opportunities to secure training and experience in this branch of nursing, and conditions in these hospitals were not such as to attract young women. For one thing, the standards were lower than in the majority of general hospitals. As medical care and treatment of mental patients for so long lagged behind the other branches of medicine, so the standards of mental nursing remained at a lower level than in other fields of nursing. Mental nursing consisted mainly of preventing patients from harming themselves or others, feeding them and keeping them clean, and seeing that they performed as much work for the institution as they were able. In preparation for this work ''a few classes were given in which the care of the keys, simple precautions against accidents and escapes, and various aspects of hospital housekeeping were emphasized''. Moreover, no consideration was given to the comfort of the nurses. They were often required to be on duty for twelve or fourteen hours a day; their rooms were on the wards, often wards in which the patients were noisy or disturbed; they always expected to be called at least once during the night to assist in the management of difficult or excited patients; and no opportunities were provided for their recreation under these trying conditions.

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[1] Abstracted in MENTAL HYGIENE, Vol. 6, pp. 832-33, October, 1922.

A further point against the mental hospitals has been, and still is, that the nurses are too often looked upon as subordinates, not as co-workers. ''They have been made to feel that they must obtain all their initiative from the physicians; that they are principally makers of beds and dispensers of food and drugs. The patient's illness is rarely discussed with them. They never read a history. They know little or nothing of the onset of the illness, the factor or factors which precipitated it, or those which are active in prolonging it. Very little instruction is given to help them to recognize and interpret the mental symptoms, or to apply the most apparent and needful nursing measures.

''What incentive, I ask, can there be for young women to enter upon a work, or keep at it, in which they may be scratched, kicked, spat upon, have their hair pulled and clothing torn, unless they are able to interpret these acts as the expressions of serious mental illness and not of temper or bad disposition?

''How can we expect a nurse to spend long hours with patients who are acutely depressed, or acutely excited, or indifferent or apathetic, and find at every turn that her efforts at amelioration are blocked because she has no understanding of the mechanism of disordered behavior, emotions, or intellect?''

Many nurses who have received valuable training in the care of mental patients are turning to other branches of nursing. Their reason is ''that they are discouraged by the outlook, because they have to scramble and grope for knowledge, even to beg for it in order that they may minister at all efficiently to the needs of their patients. They all admit that though the work is hard, it is not too hard, providing they could find satisfaction in it and opportunity for growth and development.''

To prove what proper instruction in mental nursing can do in the way of arousing interest in the work, Miss Bailey cites the care of a training school connected with a general hospital that has an active psychiatric department. During the period of training, nurses are assigned to two months' service in this department and are ''so enthusiastic about the work and find the mind is so much more interesting to study and nurse than the body that they invariably ask to have their period of service prolonged, and many elect to give a much longer period to postgraduate study. In this hospital the nurses are given a very carefully prepared course of instruction in mental diseases, the principles and practice of mental nursing, occupational therapy, hydrotherapy, electrotherapy, and mechanotherapy.''

The growing need and demand for nurses trained in the care of mental patients can no longer be overlooked. Training schools for nurses are already providing short courses in this subject, which, while they will not prepare a nurse to specialize in psychiatric work, will give her a better understanding of the mental aspect of all her cases. But mental nursing can always best be taught in mental hospitals. Besides offering courses in the various branches of mental nursing, these hospitals should correlate theory with practice by means of adequate supervision on the wards by special instructors or teaching supervisors. ''Clinics, too, should be held in which the physicians would demonstrate and explain the symptoms, signs, and treatment of the various forms or types of mental disorder and disease, and outline and discuss the special nursing procedures which are applicable to each.''

Physicians who know the need for psychiatric nursing should seek to create the same enthusiasm for this branch of medicine that the internist or the surgeon inspires in his nurses.

EDUCATIONAL CREDO FOR A STATE HOME FOR GIRLS. By Edgar A. Doll, Ph.D. *The Journal of Delinquency,* 7:165-68, July, 1922.

Dr. Doll gives first place in his credo to classification as ''the vital element in all corrective treatment of delinquent girls''. Based upon a comprehensive study both of the individual girl and her environment, classification should bring to light the probable cause or causes of her delinquency, as well as the contributing factors, and hence should indicate the specific corrective measures to be undertaken to fit the girl for parole.

He believes, further, in a system of time schedules as an administrative device for carrying out the plan of corrective treatment developed for each girl as a result of the classification procedure. The girl's time is the most valuable asset the school has, since it determines the amount that can be accomplished in the way of treatment. It is essential that none of it should be wasted for lack of a systematic administrative procedure. The schedule should show the periods of time allotted for the accomplishment of the desired ends. It should have a seasonal, a monthly, and a daily aspect to permit of definite daily assignments and yet allow for a certain amount of flexibility.

Thirdly, Dr. Doll believes in a scheme of training with the following aspects:

a. Social, involving definite instruction in civic organizations and obligations, the relations of the individual to the community, the restrictions of law, and so forth. This phase of the training can be carried on through self-government, coöperative social functions, girls' organizations such as the Camp Fire Girls, and the like, as well as by means of formal instruction.
b. Religious, including instruction in morals, ethics, and so forth.
c. Physiological, involving definite instruction in matters of sexual relations, marital and parental relations, personal hygiene, and sanitation.
d. Physical, including setting-up exercises, gymnastics, competitive sports, and the like.
e. Recreational, with two purposes—to relieve the routine of institution life and to teach the girls how to use their spare time in wholesome ways after release.
f. Educational, including both manual and academic training, but giving ''relatively greater emphasis to manual-motor or concrete education than to intellectual-scholastic or abstract education''.
g. Industrial, including vocational, trade-industrial, and routine-institutional work. For this branch of the work, Dr. Doll advocates the establishment of a few shop industries in the institution to be operated under the direction of the state and to combine vocational training with commercial production. The training, however, should always be given precedence over the production. He believes that it is possible definitely to train girls in certain occupations which are sufficiently general in all communities to afford a means of livelihood on release, with a good prospect of self-support under favorable conditions.
h. Domestic, involving the work aspects of home life and emphasizing home-making as well as housekeeping. Many of these girls will marry and this kind of training will greatly increase their domestic stability.
i. Agricultural, particularly garden work. Besides its specific utilitarian value, Dr. Doll feels that this work has also a general value in inculcating a love of nature and serving as a means of reënforcing the instruction received in other fields of training.

Finally, Dr. Doll believes that, so far as conditions will allow, cottage classification and group instruction should be based upon considerations of color, age, physical condition, mentality, personality, and delinquent tendencies. Realizing the many practical considerations that must be taken into account also, he yet feels that, generally speaking, it is advisable to separate the young from the old, the colored from the white, the normal from the feebleminded, the diseased from the well, and the stable from the unstable.

BOOK REVIEWS

Psychoanalysis; Its Theories and Practical Application. By A. A. Brill. Third Edition. Philadelphia: W. B. Saunders Company, 1922. 453 p.

This third edition of Dr. Brill's well-known book has two new chapters, on paraphrenia and masturbation respectively, and some minor additions in the shape of clinical material. The seventeen chapters it now contains present a most varied assortment of topics. Four of them deal with the neuroses, three relate to psychiatry, while others are devoted to such diverse themes as Freud's theory of wit, homosexuality, the only child, analeroticism, the Œdipus complex, the psychopathology of everyday life, and so forth.

The book has a very special claim upon our interest. Its original edition, which appeared in 1912, was the first book on psychoanalysis by an American writer. Together with other manifestations of Dr. Brill's energy and enthusiasm, it has played a definite rôle in creating the widespread interest in psychoanalysis that exists in America to-day. For a long time it was the only American book on psychoanalysis that had the slightest claim to be considered excellent or authoritative; indeed, even to-day it has sadly little serious competition in this respect. Most of the quite voluminous psychoanalytic writing produced in America since Dr. Brill first published this book has been of a very low order and served simply as a background to make his work conspicuous by contrast. The reviewer's task is, then, to examine in the light of present-day knowledge this veteran work, which has not only held a high place in our psychoanalytic literature, but has played a significant part in the history of psychoanalysis in this country. In view of the prominence of the book, this examination should be a rather searching one.

While the different chapters of Dr. Brill's book vary markedly in value when considered from the strictly psychoanalytic standpoint of to-day, all are interesting, some of them extremely so. The chapter that presents the use of the association test—a device, incidentally, that has been generally dropped from clinical use—reads like the best detective story. Meanwhile, it is probably the most successful paper on this test that has ever been written. Likewise, the chapters on Freud's theory of wit and on the psychopathology of everyday life could well be considered classics. They could hardly be surpassed in point of interest, clearness, and accuracy. Even in the chapters that fall most below the standard thus set, and that show signs, not only of careless writing, but of slovenly and inaccurate thought, Dr. Brill never loses his knack of being interesting. Likewise, despite a tendency to be dogmatic, he is usually convincing, and without ever making concessions from blunt frankness in favor of possible tender-mindedness or sex resistances on the part of his readers. One purpose of the book, as Dr. Brill states in the preface, is to stimulate further interest in Freud's original works. There can be no doubt that it has served this end and will continue to do so.

But when we come to consider the book from the standpoint of present-day theoretical and clinical psychoanalysis, we find that some of the chapters are by no means invulnerable to criticism or deserving of the praise that can be given to those just mentioned. For example, the chapter on the compulsion neurosis—the neurosis, incidentally, that is the most interesting and the hardest to understand and treat of any of the maladies that require analysis—can hardly be considered good, except in a relative sense. That is to say, it is much better than a great deal of the literature on the subject—especially the American literature, which is rather scanty and in general worthless—but we doubt if Dr. Brill's chapter would ever give the reader anything like a clear or correct picture of the psychology of this complex disease. A considerable portion of the theoretical parts of this chapter is made up of two extracts from articles by Freud. The first and longer of the two quotations, occupying something over two pages, comes from a paper that Freud published nearly thirty years ago. Freud has subsequently modified, supplemented, or abandoned most of the views he at that time expressed. Dr. Brill takes a few paragraphs, to form the closing portion of the chapter, from the extremely important, but highly technical paper on the compulsion neurosis that Freud published in 1909. (The quotation marks that might indicate this are absent in several places.) The extracts in question come from the latter portion of Freud's paper and would never be understood or appreciated by anybody who had not read the first part of it. Of the valuable contributions to the psychology of this neurosis made by Freud and others subsequent to 1909, no traces at all appear in Dr. Brill's chapter. This method of expounding theory could hardly be expected to be successful. Those portions of the discussion of theory which are original with Dr. Brill are almost equally unsuited to give a clear picture of this disease.

The clinical material in the chapter is not very well chosen, either. Some of it is totally irrelevant. Extracts from one good illustrative case are given. The rest of the clinical material contributes little to the theme. Some of it is even misleading. Thus, Dr. Brill speaks of the case of a man of fifty-six who, on becoming engaged to a girl much his junior, began to be obsessed with the idea that he was not fit for the business position he occupied. He felt that he was not sure of his actions, that everything he did was wrong, that he made business mistakes, and so forth. This case, which Dr. Brill tells us was a typical case of doubting mania (it may have been, but the description does not show this), he employs apparently in the attempt to illustrate how the doubt in the compulsion neurosis, which is really a doubt of love conditioned by the activity of repressed sadism, becomes displaced to trifles that have no apparent connection with the love life. But the case, as Dr. Brill explains it, does not illustrate the point at all, but gives what, in our opinion, is probably an incorrect notion as to how the symptoms originated. Thus, he says that the patient ''at first worried over the fact that he would not be able to 'make good as a husband' because he believed himself to be sexually impotent. This doubt then became generalized and displaced to all his business transactions. . . . He no longer thought of his impotence, but occupied himself constantly with absurd questions concerning his business affairs.''

Thus, according to Dr. Brill, one symptom—impotence—is the cause of another symptom! Surely a novel and astonishing contribution to our knowledge of the etiology of neuroses! We confess our adherence to that group of analysts which, despite this luminous contribution from Dr. Brill, will probably continue in such cases to search the unconscious for the causation of both symptoms. As a matter of fact, the case described by Dr. Brill seems to be a rather clear one. If its resemblance to a familiar type signifies anything, we have a right to suspect that the symptoms originated in a quite different way from the one Dr. Brill indicates. The morbid doubt that spreads through the life of compulsion neurotics is never, so far as we know, a doubt of potency—as Dr. Brill's interpretation would suggest—but a ''doubt of love''. This term is used in a somewhat technical sense. The doubt of love is not an ordinary uncertainty dependent upon insufficient information, but results from the fact that the repressed sadism in the unconscious of the patient creates a situation in which intense unconscious hatred exists toward all persons whom the patient tries to love. The doubt is an affective, not an intellectual, one. It is not due to an uncertainty of fact, but to two contradicting certainties of feeling. According to ordinary experience with apparently similar cases, we would have to suspect that all the symptoms mentioned in Dr. Brill's case are largely traceable to the two following factors: repressed hostility toward women and the powerful latent sense of guilt which is the usual concomitant of intense repressed hostility. Both of these elements were mobilized by the patient's effort to take a wife. They gave rise, on the one hand, to his impotence, or fear of impotence, and, on the other, to the feelings of doubt and unworthiness that pervaded his business life. Such, at least, we should be prepared to expect from what an analysis reveals in apparently similar cases. On the other hand, the displaced doubt in the compulsion neurosis never, so far as we know, arises in the way Dr. Brill describes.

Similar shortcomings, both in the presentation of theory and in the choice and interpretation of clinical material, are noticeable in other sections of the book. There is no occasion to try to discuss them all. It may, however, be worth while to take up the chapter entitled *Fairy Tales as a Determinant of Neurotic Symptoms; Their Relation to Active and Passive Algolagnia,* in which the most numerous and flagrant examples occur.

This chapter is probably the poorest in the book. It is, to be sure, interesting, despite its many faults; it contains instructive clinical material and some rather good dream analyses. But all this material is handled very badly, and the paper is full of irrelevancies, digressions, and hasty conclusions unsupported by the facts.

Dr. Brill's main purpose in this chapter seems to be an attempt to prove, or at least to illustrate, three main propositions. The first is that fairy tales determine dreams; the second, that they determine neurotic symptoms. Having presented material which he apparently considers serves this purpose—though much of it is better suited to illustrate quite different things—he then seems disposed to imitate many of the makers of fairy tales and to close by drawing a moral. His moral, or third proposition, is that the reading of fairy tales is dangerous for children. ''Cases such as here described clearly show the harm that such reading may do.'' He not only believes that fairy tales of the sadistic variety—those that describe killings, beheadings, and the like—causally contribute to the development of neuroses and perversions, but he regards even the milder types as potentially harmful. Persons are caused by them, he thinks, to become ''phantastic dreamers''. ''Having been imbued in childhood with the omnipotence of the fairy-book heroes, they later refuse, or find it hard, to become plain citizens struggling for existence.''

These three contentions—or at least the first two of them—are contrary to some of the most fundamental and best established facts of psychoanalytic experience. We are in utter disagreement with all three of Dr. Brill's propositions, and we venture to think that haste and carelessness, of which there is so much evidence in this chapter, rather than Dr. Brill's best judgment, are responsible for them and that he himself, in his more thoughtful moments, would not agree with what he has here expressed. At any rate, an examination of some of his material will serve to show why, and wherein, we differ with him.

The first of Dr. Brill's three major propositions is that fairy tales determine dreams. In support of this he gives the analysis of two dreams. The first is that of an unmarried woman who dreams that she is chased and caught by a hideous man, who first says he will choke her, but then decides to cut her head off with a big carving knife. She sees the blood flowing and experiences great fright. Dr. Brill relates some of her associations and states that the dream is a coitus phantasy. To this extent we can agree with his interpretation.

But he says further: "The cutting off of her head recalled Bluebeard, who was 'frightful looking on account of his blue beard'. This story was read to her long before she herself could read and made a terrible impression upon her. As she grew older, Bluebeard was the subject of her night terrors, and at puberty she often had dreams similar to the one described."

Such is the evidence Dr. Brill offers us for believing that fairy tales can determine dreams. Apparently he reasons this way: The patient connects the story of Bluebeard with her dream as an association. The story, she says, made a deep impression upon her in childhood, and clearly was connected with earlier dreams. The present dream, then, must have been determined by the story.

We cannot agree with this reasoning at all. We think Dr. Brill interpreted the material incompletely and incorrectly. In the first place, the fact that the patient associated the story with the dream is no proof that the story determined her dream. A patient may give associations to a dream almost indefinitely; yet if, as Dr. Brill would have us in this instance believe, the mere fact that an impression is associated with a dream means that it determined the dream, then we would have to regard each and every one of the ideas a dream calls up as having played the rôle of dream determinants. This is, of course, absurd. The associations that a dream produces are not ordinarily the dream determinants, but merely the material that we study in order to discover how the dream was determined. The fact that the story was associated with the dream is, as Dr. Brill himself should be well aware, no reason at all for thinking that it determined the dream.[1]

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[1] Dr. Brill apparently uses the verb "determine" as practically synonymous with "giving rise to" or "causing". It is generally used in about this sense by other authors. But it has a little broader meaning than "causing". Thus, the only factor that really causes or gives rise to a dream is a truly unconscious wish. But a dream often represents the fulfillment of more than one wish. We find, for example, dreams formed through the fusion of two phantasies, the one representing the fulfillment of the repressed unconscious wish, the other representing the punishment for it. The wish giving rise to the second phantasy

The only other possible reason for thinking that the story might have determined the dream is found in the history of her earlier dreams. The patient said that in her childhood the story made a deep impression upon her; it was the subject of her childhood nightmares. One might think, therefore, that the story determined these early fear dreams. Granting this, one could then suppose that the dream of adult life was determined in the same way, but that the connection was less obvious—*i.e.*, the story, instead of actually appearing in the dream, was connected with it as an association.

Such reasoning has all the plausibility and all the fallacy typical of conventional thought about such matters before the days of psychoanalysis. We do not agree with any part of it, not even with the apparently easy assumption that the Bluebread story determined the night terrors of childhood. Psychoanalytic experience has taught us the following very important facts, which Dr. Brill leaves entirely out of consideration—namely, that the recollection of various of the fairy tales familiar in childhood and of the emotional reaction to them is carried by the adult in conscious memory *in place of the memories of much more significant emotional conflicts or experiences.* The grown person's recollection of the horror, fright, or other strong emotional reaction to the hearing of this or that fairy tale in his childhood is in most instances really a *cover memory,* in which the persons or events belonging to the fairy tale replace much more significant individuals and happenings. Thus is provided a pitfall for the unwary student of childhood, into which, it appears to us, Dr. Brill has plunged quite as ignominiously as any of his less able predecessors. He took at its face value the patient's estimate of the impression the fairy story made upon her; he overlooked the fact that her recollection of the story was almost certainly a cover memory; he considered it a significant recollection and failed to recognize that it really concealed the significant. In short, it may be seen that Dr. Brill's material was badly interpreted. When we so examine it, we find that it does not support his proposition at all, but can be much better utilized in support of that quite different estimate of the rôle played by fairy tales in the life of the individual which we believe is current among the majority of experienced analysts.

Let us undertake a reinterpretation of Dr. Brill's material in accordance with our knowledge of what analytic experience usually reveals. The meaning of the dream referred to is in our opinion most inadequately stated by saying merely that it is a coitus phantasy.

belongs to the repressing forces and to the foreconscious. Such dreams are said to be "overdetermined". Thus, while only wishes belonging to the deep unconscious can *cause* dreams, wishes of the foreconscious system also may act as "determinants".

Despite the scantiness of our information concerning it, the dream is so typical a one that we feel justified in venturing to supplement Dr. Brill's interpretation. We feel, in short, that the dream represents a condensation of two phantasies, differing in meaning. The one, to be sure, is a coitus phantasy. But it is a coitus phantasy of a very special sort—one corresponding to the so-called ''sadistic conception'' of coitus. The other is derived from the ''feminine castration complex''. We permit ourselves to suspect that Dr. Brill's patient, as a child, went through the two following very typical psychic experiences, and that they, much more than the story of Bluebeard, are important in determining her dream. The first of these hypothetical experiences is that something she saw, heard, or guessed concerning the sex life, presumably of her parents, gave her the characteristic impression that coitus is a painful, bloody, and violent experience which the male (the father) inflicts upon the female. The second is that, upon making the discovery that the male (probably the father) possessed an organ, the penis, which she lacked, she formed the very common theory that originally she too possessed a penis, but that she had been robbed of it, that it had been cut off. Quite typically, the father could be considered the perpetrator of this bloody deed.

In the light of these hypotheses, the material concerning the case immediately becomes transparent. The story of Bluebeard impressed the patient because of the similarity of its content to that of the two themes just described. Bluebeard thus becomes a father surrogate. The impression which this story made upon her—*and which it was able to make only by virtue of the elements it had in common with these two other themes*—was retained in her consciousness as a cover memory concealing the real incidents that gave rise to her thoughts about castration and coitus. Her childhood nightmares concerning Bluebeard, the dream described by Dr. Brill, and her similar puberty dreams, were all condensations of the two phantasies of castration and coitus. This fusion was readily accomplished by virtue of the similarity between the castration phantasy and the original sadistic notion of coitus. The motive for this fusion is the same as that exemplified by the case of a childless woman who, vaguely perceiving in her sleep the pains that announced the beginning of her menstrual period, dreamed that she was giving birth to a child and that these were labor pains. Thus, the representation of something distasteful (in the case of Dr. Brill's patient, the state of having no penis, of being a woman—castration) is fused with another representation that has similarities of content, but stands for a wish fulfilled. The wished-for experience of coitus with the male (and of child-bearing) is the natural compensation or indemnification for the missing penis.[1]

We can even attempt to explain on the basis of our hypotheses the patient's very singular remark that Bluebeard was "*horrible looking on account of his blue beard*". Ordinarily, were one to pick out as horrible any elements in the story of Bluebeard, his looks and the color of his beard—*i.e.,* visual features—would be among the last things to arrest attention. But if this patient departed from the usual, we must ask ourselves why; and thereupon arises the suspicion that this remark can be related to the penis-castration theme. Is it not possible that the visual image of Bluebeard (who, we think, is a father surrogate) has replaced a visual image of the father, and one in which not the beard, but another appendage not possessed by females occupied the center of attention? And that in this original, but forgotten, scene the notion "horrible" belonged partly to the little girl's shocked, surprised, or envious discovery that her father had this organ which she lacked, and partly to her ideas as to the method by which she had been robbed of hers?

Some of this, in view of the scantiness of the material, may seem rather far-fetched, we readily admit. Indeed, we do not wish to insist that our interpretation of the material from this patient, or our reconstruction of events in her childhood life, is a correct one. For the purposes of our argument, it is not necessary to claim that our deductions are correct for the case of this patient. We *do* claim that what we have hypothesized could be, and very likely is, correct. What we want to emphasize is that, whether correct or not for this particular case, it is a good illustration of what a correct or complete analysis usually reveals in such instances.[2] The facts so revealed and the conclusions to be based upon them are quite different from those which Dr. Brill invites us to accept.

Space will not permit us to review Dr. Brill's second example of a dream which he considers determined by fairy tales. In our opinion it supports his conclusions even less adequately than his first example. Let us state, then, before proceeding to discuss his second and third propositions, what we consider is a correct estimate of the rôle played by fairy tales in the formation of dreams.

In our opinion the material from fairy tales that often appears in the manifest content of dreams is not to be regarded very differently from any other sort of dream material. The dream material, as we know, consists of the various sensory images, mostly visual or auditory, out of which the manifest content of the dream is made. Some of this material always comes from the impressions of the day of the dream; often it includes memories from childhood; but much of it is taken almost at random from any period or experience of life. This material is put together by the dream-forming forces to form a representation, capable of passing the censor, which stands for that phantasy or combination of phantasies, the latent content, which remains unconscious and corresponds to a fulfillment of the wish or wishes that determine the dream. Dream material of whatever sort is thus analogous to cipher, hieroglyphics, printed words, and similar devices used to represent thoughts. Its rôle is merely that of representing. The dream determinants are what motivate this representation. They are not fairy tales, but *wishes,* and especially wishes belonging to the repressed unconscious.

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[1] A conflict between masculine and feminine traits in the same individual is a frequently observed phenomenon in the neuroses.

[2] For an example of such an analysis the reader is referred to the interpretation of the dream in Freud's paper *Aus der Geschichte Einer Infantilen Neurose,* in his *Sammlung kleiner Schriften zur Neurosenlehre* (*fünte Folge*).

The only way in which the fairy-tale material appearing in dreams is found to differ particularly from other dream material is this: in childhood there are formed in the mind of the individual important connections between his favorite fairy tales and the dominant trends and constellations of his psyche. The fragments from fairy tales that appear in dreams are apt to be especially rich in meaning by virtue of these preformed connections. Fairy-tale material is, from the point of view of dream formation, especially suited to represent infantile thoughts or wishes; from the point of view of dream interpretation, it is apt to form a particularly direct and certain approach to that period in the individual's psychic development which we are most anxious to know about. In all other respects, it is the same as other dream material.

Incidentally, all this has a very practical application. If we share the misconception that fairy tales determine dreams, we will, in analyzing dreams in which they occur as part of the manifest content, commit the error of stopping the dream analysis when the patient has produced mere cover memories, and so fail to carry out that further analysis of the dream which alone could take us into the true unconscious of the patient, as described and defined by Freud. We mistake foreconscious for unconscious material and make one of the commonest and most serious errors in practical psychoanalysis.

Dr. Brill's second proposition—that fairy tales determine neuroses and perversions—we will discuss very briefly. It seems to us absurd on the face of it, and the material he presents makes it no less absurd. The manner of presentation is rambling and disorderly, and much of the material is very badly analyzed. We feel that Dr. Brill must have a psychoanalytic blind spot for the castration complex in view of the frequency with which the clinical material in this chapter shows unmistakably the presence of this complex and the regularity with which Dr. Brill takes no heed of it in his interpretation.[1] Even a lay reader of Dr. Brill's case material would see that it represents not the slightest evidence of what Dr. Brill contends. An experienced analyst would at once recognize that it fits in much better with an almost opposite opinion.

We feel that the main fault of the whole chapter can be summed up by saying that Dr. Brill treats the problem of fairy tales in just the way that patients do. We often hear from a patient that a childhood phobia or series of fear dreams dated from the hearing of this or that fairy story, or we are told that sadistic impulses or phantasies first appeared after reading some tale of whipping or beheading. The experienced analyst distrusts such statements, for he knows that most of these cases are instances of cover-memory formation or some similar affective displacement. In other words, the patients have laid upon the fairy tale the blame for a neurotic or perverse symptom, the real etiological responsibility for which belonged to the persons of the family and the patient's constitutionally predetermined reactions to them. The analysis of cases in which fairy tales might seem to have played a determining rôle shows that, as a matter of fact, the neurosis or perversion was really determined in exactly the same familiar ways as in the cases of those few patients who had never read fairy tales or of that larger number who never claimed to have been affected by them.

Now, as to Dr. Brill's third proposition, that the reading of fairy tales is harmful to children, this assertion, more in harmony with the thought of an elderly spinster than with that of an experienced analyst, is supported neither by the evidence presented nor by the ordinary findings of psychoanalytic experience. It can only maintain itself through the assistance of incomplete analyses, which leave intact the infantile amnesia and fail to reveal the real roots of the patient's character and his disease. The facts are that the reading of fairy tales—even those of the sadistic variety, which Dr. Brill abhors—is in childhood generally not injurious, but on the contrary often serves a definite and useful purpose. We happen to know, incidentally, that such, too, is Freud's opinion. The fact, indeed, that the same fairy tales survive for generation after generation and in so many different nations should, of course, lead one to suspect that they may possess some sort of "fitness". A little study of the types most popular readily reveals how well suited they are to coincide with, and apparently to stimulate, those trends and complexes that familiarly rule in childhood. The very characters that might seem to make the fairy tales a source of danger are really the ones through which they do good. Through an imperfect understanding of the situation, tales of blood and horror are frequently withheld from children by parents and educators lest, as seems to be the case, they excite the child and serve as a stimulus to the development of sadistic and masochistic impulses. This is the same type of faulty prophylaxis familiar to us in a closely related sphere. Sex information is withheld from children lest the giving of it awaken sex curiosity. In both cases the educator ignores the fact that the impulse in question—that of sadism, masochism, or sex curiosity, as the case may be—is inborn and normally a constituent of the child's make-up. This ignoring is generally conditioned by an unwillingness or inability to recognize that infantile sexuality really exists. The parent withholds sex information or stories of blood lest he *create* sex curiosity or sadistic tendencies in the child mind, which in his opinion is normally innocent of such traits. But these tendencies occur in the child spontaneously. And the rôle that fairy tales play ordinarily is not that of creating or developing such impulses, but is rather in the direction of rendering them harmless; that is to say, such stories represent an avenue for a sort of sublimation of these impulses. They provide a harmless outlet for tendencies that would otherwise have to be turned wholly against the parents or other members of the family or else have their energies wasted through succumbing to an all-too-fundamental repression. The temporary and legitimate semi-sublimated outlet which the fairy tales provide protects the energies in question from these two fates and favors the formation later of true sublimation in the form of socially legitimate and useful activities.

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[1] One of a number of striking examples which should be transparent to any experienced analyst is the patient's distorted narrative of the Bluebeard story on page 369.

The cases in which one finds that the fairy tales are invested with, for example, too much sadistic feeling and form the model for sadistic phantasies are only an apparent exception to the rule that fairy tales represent a benign outlet. These cases represent instances in which the sadistic impulse, either by heredity or through previous experience, is definitely overaccentuated. The stream of feeling is so voluminous that it fills and overflows the channel of outlet. The channel is not large enough to draw off successfully such an overcharge of sadism. Those cases in which it appears as if the fairy tales had had the effect of overdeveloping sadistic tendencies are, in general, really ones in which the sadistic tendencies, overdeveloped by quite other factors, form so copious a stream that the fairy tales and similar legitimate outlets are unable to perform their usual rôle of drawing it off harmlessly and assisting sublimation.

So much for the criticism of individual chapters of the book. Despite definite shortcomings in various sections, it averages up reasonably well as a whole, and but for one reason might be spared serious criticism. This reason, it so happens, resides not so much in the book itself as in the title that the author has given it. This title *Psychoanalysis; Its Theories and Practical Application,* leads one to expect a systematic, well-rounded presentation of all the subjects which are thus implied—or, at the very least, an attempt at such presentation. The facts are that the book gives nothing of the sort and does not even attempt to. It is merely a collection of reprints having no relation at all to one another, which Dr. Brill has published in medical journals at various times over a period of some twelve or thirteen years. Had he been content with such a title as *Psychoanalytic Reprints,* one could criticize his book merely from the point of view of what it contained; but so comprehensive a title forces one to judge the book, not simply on the basis of what the author put into it, but also on that of what he left out and what should be there were it to live up to its title—and its preface. The book certainly does not live up to its title at all. The picture it gives of psychoanalysis is most imperfect, distorted, hazy, and confused. The expositions of theory are often disorderly and inadequate. As a presentation of practical application or technique, the book fails utterly, and is meanwhile misleading. A great mass of most important and vital facts concerning analysis are not only omitted from mention, but not the slightest hint is given of their existence. The serious thing is not that the book fails to live up to the promise of its title and its preface, but that through this failure it becomes misleading. It is like a tourist guide who, promising to show a visitor the city of New York, takes him only to Greenwich Village.

Let us take up the matter of technique particularly, for this is where the book most conspicuously fails. In the correct psychoanalytic practice of to-day, the analyst preserves a very passive attitude. He seeks to provoke a transference neurosis, which replaces the original neurosis for which the patient seeks treatment. The patient repeats in this new neurosis all the symptoms, past and present, of the old one, but with the analyst now occupying the rôle previously played in the original neurosis by other persons. With the analyst as a fulcrum, the patient repeats not only all his symptoms, but also all his serious conflicts; not only the conflicts of adult life, but the forgotten conflicts of childhood. All these are reënacted and lived over with full adult intensity of emotion. It is this new neurosis rather than the old that is analyzed and cured. With it cured, the old neurosis no longer exists.

As may be gathered from these statements, a psychoanalysis is not in the least like, let us say, a surgical operation, in which the patient is utterly passive and the physician does something to him. In an analysis, the patient, not the physician, is the really active one. An analysis is on the whole not an operation, performed by the doctor, but rather a *process,* which is set up in the patient and which the physician, like one tending a fire, watches, supervises, and gently guides until it burns itself out.

The physician's rôle is indeed a very passive one. The analytic technique is applied mainly for the purpose of discovering, interpreting, and rendering conscious to the patient his resistances—relatively little for the interpretation of symptoms. For, with the resistances thus dealt with in the order in which they appear, the patient discovers the meaning of the symptoms for himself; while, so long as the resistances are in force, no amount of explanation or interpretation of symptoms would ever make him see through them.

We doubt if any one would ever guess from the reading of Dr. Brill's book that such is the correct analytic procedure. The picture it suggests is a wholly different one.

As might readily be surmised from the foregoing description, the great task in an analysis is the understanding and handling of the transference. The transference and its proper management are nine-tenths of an analysis. They represent the problems that make the greatest call upon the skill of the physician. Only through the patient's reënactment, in the transference, of forgotten scenes and conflicts does one ever do away with the amnesia veiling the infantile period and thus get at the real roots of the patient's character and his neurosis and gain a clear view of the true unconscious. The understanding and handling of the series of reënactments which constitute the major part of an analysis are the most difficult and vitally important parts of the work.

Of the real nature of transference, of the problems it creates and of its significance in the analysis, Dr. Brill gives us no hint whatever. What little he says, indeed, is utterly misleading. Thus, on page 13 we read that transference is a certain "rapport", an understanding and liking that are established between doctor and patient. One must be on his guard, we are warned, to remain good friends only and not let the transference "be carried too far".

To any one who has himself lived through, or successfully guided a patient through, that long and violent storm of shifting conflict, stress, and pain, which represents the transference in most cases, Dr. Brill's definition of transference, above quoted, and his suggestion as to management seem utterly laughable. (There is very little said about transference throughout the rest of the book.) It is true that at the beginning of an analysis, for instance, a mild positive transference may result in an attitude on the patient's part that would correspond to the rapport of which Dr. Brill speaks, and in which the analysis, the interpretation of dreams, and so forth, proceeds for a time easily and smoothly. But this peaceful period rarely lasts long. For most of the phases of transference, and especially for the most important ones, the terms ''friendliness'' and ''rapport'' are about as fitting as would be the adjective ''placid'' for the European War.

To sum up, then, the book is anything but a reliable introduction to psychoanalysis. Its chief merits are that it is interesting throughout and that it contains some excellent examples of exposition in those chapters in which the author makes least effort to be original. On the whole, however, the book is not to be recommended. It gives, it appears to us, a decidedly wrong slant on psychoanalysis and all too readily operates, through the very fact of being so interesting, to seduce the reader from serious study of the subject by satisfying him with entertaining, but faulty presentations. It thus serves to create and foster that superficial and rattlebrained interest in psychoanalysis which has become such a pest in this country. A book of this sort, written by an author who has come to be regarded as an authority, is deserving of serious disapproval. For such reasons we have undertaken this extensive critical review.

We feel that Dr. Brill has done himself an injustice in publishing this book. The carelessness in writing and thought that is so clearly evidenced, especially in the chapters written in more recent years, is surely responsible for serious mistakes that a little more care on his part would readily have avoided. His tendency to claim more for himself and his book than either is fully entitled to, as evidenced, on the one hand, by the selection of a title whose promise the book does not in the least fulfill and, on the other, by the omission of quotation marks from paragraph after paragraph of material taken practically word for word from Freud, creates a bad impression that is by no means wholly deserved. We feel that Dr. Brill, should he really apply himself to the task, could write an infinitely better book, one that would do real justice to his subject and to himself as well.

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CRIME, ITS CAUSES AND TREATMENT. By Clarence Darrow. New York: Thomas Y. Crowell Company, 1922. 292 p.

There is unfortunately a large class of publications that treat of criminological problems from the standpoint of ''the outsider''. The writers of many modern criminological books have themselves had little practical experience with the problems that they discuss. They are like critical neighbors who peek in through the windows of a man's house and criticize his furniture and his daily actions on the basis of what they can see through a small and perhaps dusty windowpane. It is true that such people see more than a man who simply passes by the house and never takes the trouble to look in at all even through a windowpane. Nevertheless, they must of necessity see the things inside the house from a wrong angle and with an improper perspective. The only satisfactory method of criticism in such cases is to ring the front doorbell and ask to be shown over the house. So many writers of books on ''crime'' have dealt with the whole subject from the standpoint of the looking-through-the-window critic that one is delighted to come across a book that is the result of actual and practical experience with the daily problems of criminology and criminal procedure. Mr. Darrow has spent thirty or forty years in court, he is an eminent member of the bar, and is, moreover, a man of wide reading and cultivation. It is seldom that practical experience and scientific knowledge are so satisfactorily combined in one person and that a person with a trained legal mind and at the same time an intense human interest in delinquents and their lives.

It would be a work of supererogation to pick out any parts of this book as particularly stimulating, inasmuch as almost every chapter contains matter that even the experienced criminologist will find useful and suggestive. The chapter on ''medical experts'', brief though it is, contains an excellent statement of the difficulties that are involved in the present legal uses of so-called ''expert testimony''. It discusses also the possibility of having an expert appointed by the court and at the same time points out the difficulties that such an appointment would bring with it. The author looks forward to a development of criminal procedure in which ''the machinery of justice will be all-sufficient to take care of the liberties of every man, to give him proper treatment in disease and to restore him to freedom when it is safe to do so. When such a time does come, the unseemly contest [between partisan experts] in the courts will disappear and justice tempered with mercy will have a chance.''

Mr. Darrow's conception of life and of human personality is in a sense a purely materialistic one; it is the conception that one often met with in Europe before the war and that was associated with the legal teaching of old Professor von List. To those who have been trained in this school of thinking, the human animal is purely a result of heredity plus environment; there is no place for freedom of choice and, therefore, the real criminal is not the thief or the murderer, but rather the society that allows people with tainted past histories to beget large families and that permits their children to grow up in environments that will lead with a mathematical certainty to crime and delinquency. The criminal is, therefore, not to blame for his breach of the law; he is a sick man—a weaker brother who has never had the opportunities for education or development that have been accorded to his more fortunate fellows or who has inherited—through the operation of laws the details of which are still unknown to us—a twisted mental or physical make-up or an actual mental deficiency.

Granted the principles of such a philosophy, there is, of course, no place for punishment in the scheme of the criminal law, neither can the penalties of the law ever act as deterrents, inasmuch as crime results with mathematical certainty in each individual case from a bad environment reacting on a bad heredity. Prisons of the old type are, therefore, not only anachronisms, but engines of inhuman cruelty. The ideal of the criminologist will find its only adequate expression in some such law or ordinance as that which has been of late at least proposed, if not actually enacted, in Prague for the republic of Czechoslovakia. According to this law, social hospitals are to take the place of prisons. Each offender is to be classified after complete physical and mental examination and is to be assigned on an indeterminate sentence to that social hospital that most closely fits his needs and his antisocial tendencies.

The deputy who introduced this law boasted that it would absolutely eradicate crime within a generation. There are, however, many of us who are brought day by day into contact with the dull routine of delinquency who do not look at the problems of criminology exactly along these lines. We are more in sympathy with the way in which Englishmen and English lawyers look at these same problems. We feel, many of us, that capital punishment, for instance, *is* a deterrent and about the only deterrent that is really feared by an antisocial personality. We have seen the good results of punishment, but punishment of an enlightened, developing type that is closely associated with mercy and long-suffering. We are inclined to treat the delinquent rather as a badly brought up, undisciplined child than as a sick man who cannot help being sick and who can make no effort to free himself from his trouble.

Mr. Darrow says (p. 57) in speaking of the criminal: "He is seldom a man of average intelligence. . . . *Almost always* he is below the normal of intelligence and in perhaps half of the cases very much below." This statement is not borne out by the investigations that have been made both by Dr. Adler, State Criminologist of Illinois, and by other equally prominent psychiatrists. Ten or more years ago, when mental tests were first being introduced and the populations of various penitentiaries were being mentally tested, many investigators seem to have discovered a very high percentage of mentally deficient persons among the imprisoned delinquents. At once, people believed that mental deficiency was probably the real cause of crime. It was not until after the war, or until we had studied the results of the mental tests given to the drafted men of the American army, that we realized how wrong such a conclusion was. We found that the population of the average penitentiary was a very fair reflection of the extramural population. There were no more mental deficients and morons inside the walls than there were outside. Indeed in some cases the mental level of the prison was somewhat higher than that of other institutions that contained no actual delinquents. Mr. Darrow ought, therefore, to modify the statements that I have quoted, as they give the reader rather a false idea of the actual situation.

It is rather a thankless task, however, to criticize in detail a book that contains so much that is interesting and of value. It is written clearly, evenly, without a tremendous mass of scientific terminology that might frighten away the average reader. Mr. Darrow is entitled to our thanks for what he has done, and the reading public, whose only source of knowledge of these matters is the daily press, would do well to put down for a few minutes the newspaper accounts of the latest murder and to take up Mr. Darrow's book as a helpful antidote and a source of valuable information.

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YOUR INNER SELF. By Louis E. Bisch, M.D. New York: Doubleday, Page, and Company, 1922. 195 p.

The publication of this volume adds another to the rapidly filling shelves of popular literature on psychoanalysis. Dr. William A. White gives a kindly foreword. The text is logically arranged and easy to read. By a telescoping process at times disastrous to clarity, the whole Freudian system, from infantile sexuality to interpretation of religion and art, has been condensed to fill less than two hundred pages. Quotations are freely made from other writers, and examples from the author's practice are used to illustrate certain mechanisms. Crude sex material is handled boldly, but, with the possible exception of homosexuality, in a manner to give rise to a minimum of offense and misunderstanding.

The reader may obtain a superficial orientation toward the terminology and general facts of psychoanalysis from reading this book. It offers, however, a primer type of instruction and lacks that presentation of the deeper principles of genetic psychology which would seem to be of more value to the laity than so many details.

Certain statements are misleading and, if representing anything more than illustrative hypotheses, are quite unsound. Examples are as follows: On page 7 one finds the statement: ''The mind, in its infinite variety, is indeed a complicated mechanism. Yet it is a machine, like any other organ of the body, and its workings can be studied.'' On the same page one reads: ''Just as the brain cells manufacture thoughts, so do the liver cells manufacture bile and store up sugar in the form of glucose.''

Brevity in treatment is always welcome, but it has disadvantages. In considering the sex hygiene of the child, the author states (p. 32): ''Information on sex matters should be given by the parents simply, truthfully, and fully.'' With this platitudinous comment, the topic is dismissed.

Introversion and extroversion are discussed in Chapter VI in a manner to cause the average reader to view with unnecessary alarm any evidence of the former tendency in himself. In dealing with the psychoses, lamentable opportunity is given for misinterpretation. On page 4 there is a description of what might easily be understood as a case of obsessive thinking, familiar enough in the psychoneuroses. The following comment is made: ''In her case, consciousness had lost the power of submerging ideas quickly. This woman was developing a mental illness.'' On page 32 one is told: ''The saddest mental disease of all is dementia praecox. . . . Seclusive, erratic, day-dreaming children should always be suspected.'' One can imagine the consternation that such obscure wording might produce in the mind of an apprehensive reader.

In Chapter XII, some unwarranted distinctions are drawn between the neuroses and the psychoses. On page 152 the author states: ''The neurotic turns one way and the psychotic the other. The neurotic does not retrace his steps and follow the other road. So also does the psychotic travel his own course. That is why a neurotic need not fear a psychosis.''

The following unqualified statement (p. 153) on dementia praecox is inexcusable in the year 1922: ''Dementia praecox is the quintessence of introversion. The patients have completely severed normal relationships with the world about them, an impassable gulf separates them from everybody and everything. . . . The patients live within themselves and their interest in outside affairs cannot be aroused. Their adjustment within themselves is so perfect that, once established, it cannot be broken up.''

The reviewer hesitates to recommend this book for the popular consumption for which it was written.

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English Prisons To-day: Being the Report of the Prison System Inquiry Committee. Edited by Stephen Hobhouse, M.A., and A. Fenner Brockway. London, New York, and Bombay: Longmans, Green, and Company, 1922. 728 p.

A galaxy of stars, including Bernard Shaw, Sidney and Beatrice Webb, Stephen Hobhouse, and A. Fenner Brockway, have lately been shedding their light on the English prison system. *English Prisons under Local Government,* a history of English prison administration by the Webbs, with a preface on the theory of punishment by Shaw, is published simultaneously with *English Prisons To-day,* which is a descriptive account of existing conditions. This work is not only edited, but largely written by two gentlemen who add to the natural advantages of being university men and of having well-developed hearts and souls as well as minds and brains, the expert knowledge of their subject that is derived from having served prison sentences during the war as conscientious objectors.

The enormous amount of material collected by the committee of which Sir Sydney Olivier was chairman is presented in this huge blue tome with a masterly handling that makes the book a model work of its kind. It has been the subject of numerous and exhaustive reviews in both general and technical periodicals since it appeared in the summer of 1922, and rather than contribute another to these all-around reviews, it would seem more profitable to utilize our allotted space with a consideration of the chapters on the mental aspects of imprisonment, as indicated by the investigations of this committee. Among the titles of the thirty-eight chapters are *The Mentally Deficient, Insanity among Prisoners, Suicide and Attempted Suicide,* and *Specific Causes of Deterioration.*

The English experience in connection with mental defect seems similar to that of this country. The admirable "Mental Deficiency Act", which went into operation in 1913, five years after the appointment of the Royal Commission on the Feeble-Minded, as a result of its work and recommendations, gives the Home Secretary the power to transfer to an institution for mental defectives any prisoner certified by two medical practitioners to be mentally deficient from birth or early age, but only about one-third of this class of deficients are certifiable for such transfer, and therefore two-thirds of those who are sent to prison are still legally condemned to remain there. The unsuitability of prison life and discipline for such cases has been well and amply proved, and is sufficiently known in this country, where conditions are very much the same.

Insanity is estimated on careful figures as 86.6 per 10,000 among prisoners, and after deducting the cases considered mentally unsound upon reception, the ratio is 41.3 per 10,000, which is nearly five times as great as the rate prevailing during the same period (1906–1915) among the ordinary population. It is significant that the ratio of insanity to the number of sentences increases markedly with the length of the sentence imposed. While in sentences under one month the certified insane number fewer than 1 per 10,000, at three months they number 7 per 10,000, while twelve-months prisoners show a ratio of 40 per 10,000, those sentenced to two years' imprisonment have a ratio nearly three times as large, and five-year convicts nearly nine times as large.

The figures for suicide are striking. Notwithstanding the elaborate precautions that are taken to prevent suicide in prison, the death rate from suicide for the period of 1886 to 1909, which was 17 per 1,000 in the general population, was 73 per 1,000, or more than four times as great, among prisoners. During the past twenty years the number of actual suicides has almost doubled, whilst the genuine attempts reported have more than doubled, and those classified as "feigned attempts"—which, as is well said, might better be described as "half-hearted"—have increased very considerably.

The chapter entitled *Specific Causes of Deterioration* begins with this significant sentence: "In general the effects of imprisonment are of the nature of a progressive weakening of the mental powers and of a deterioration of the character in a way which renders the prisoner less fit for useful social life, more predisposed to crime, and in consequence more liable to reconviction." What an arraignment! And yet it is hardly credible that any one not hopelessly blinded by prejudice could read this volume and fail to see that this is a moderate statement of the actual facts. Specific features which are primarily responsible for these obviously undesirable results are admirably summarized in the following paragraph: "The system operates almost entirely without the direct infliction of physical injury or bodily pain. Its essential nature lies in the systematic denial of liberty and of such activities as are not absolutely essential to the barest existence. The problem for its inventors has been to devise a method of punishment embodying their conception of the primary importance of retribution and deterrence which would be applicable to every class of offender. The mere denial of luxuries would be inadequate in view of the numerous individuals among those committed to prison by the courts whose lives are normally so wretched as to render the withholding of luxury no additional burden. This difficulty is overcome by a régime of punishment, the essentials of which comprise the denials of those activities and rights shared by all, even the most needy. The chief of these common activities of man are speech and association with others, choice and self-direction in the actions of daily life, and self-expression in the arts and crafts of hand and brain. The prison system operates by forbidding speech, restricting association within the most inadequate limits, abrogating by rigorous supervision all choice and self-direction, and depriving the individual of almost all facilities for self-expression, prison labor being as far as possible lacking in interest or refining qualities.''

It would appear from this book that methods of prison discipline are based on the homeopathic dictum ''*similia similibus curantur*''. If a man is afflicted with an antisocial trend, remove him from all social life so that solitary confinement may socialize him! Even in prison correct medical practice probably does not include bleeding as the treatment indicated for anæmia, but this principle, driven from the physiological field, maintains a last stand in the psychological. As one witness expresses it, ''When one is going mad through the solitude and silence, to be put under observation and given *more* of the solitude and silence is like the last straw.''

One of the ingenuous devices designed by the lay mind for detecting malingering seems based on the logic that served our ancestors so well in determining the status of the witch by drowning. A suspect is enclosed in an apparatus described as resembling ''a huge glass coffin'' and subjected to ''a shower bath without end''. The shammer under these conditions will confess after the first five minutes, during which the treatment becomes unbearable, but the true psychotic will ''stand or collapse''.

The writers point out that the mental effects of imprisonment are, broadly speaking, of two kinds—failure and success in adaptation, which are described as follows: ''Failure in adaptation to prison conditions is evidenced by mental aberration, of which insanity or nervous breakdown produced by the stress of prison conditions is an extreme example. Other examples, the pathological nature of which is frequently misunderstood by prison officials, are nervous irritability, a heightened disposition to emotional reactions, morbid fancies, and delusions of persecution. Conversely, atrophy of the powers of mind and condition of listlessness are changes in the prisoner's mental life which place the prisoner more in harmony with his environment, and diminish the sufferings that arise from unsatisfied desires. Complete apathy, therefore, is the most perfect form of adaptation.''

Is the popular mind conceivably sane that can create an institution for the benefit of society where the individuals for whom it is designed are suspended between the horns of the dilemma represented at their extremities by mental aberration and mental deterioration? Adaptation here seems to be a case of ''You're damned if you do and you're damned if you don't.''

Is it not time that mental hygienists had something to say about these conditions to which human beings are subjected? A revelation of physical atrocities in any institution or group of institutions would call forth violent protest from the medical profession as well as from laymen, for all can understand physical torture. But cannot all understand to some degree mental torture? And having discovered the place where it is in active operation, not as an accident, but as an accepted system of treatment, can we go on countenancing its infliction? Is there not a minimum requirement of mental as of physical life that should be demanded by the public in general and by the medical profession in particular? The conclusion that is forced on the reader of this book is that while physical injury and starvation are regulated and to some extent prevented by medical supervision and the acceptance of medical authority as final in matters of corporal punishment, reduction of diet, and other details of life and discipline, mental injury and starvation are not only not regulated by medical or any other authority, but are utilized to a degree that is appalling and disastrous even to the supposed aims of imprisonment. Has not the time come when public opinion would support a demand for scientific regulation of the mental as well as of the physical life of the prisoner, a regulation aimed to prevent the injury of the mind to the point of rendering normal life in or out of prison impossible? If corporal punishment and deprivation of food are resorted to at all as disciplinary measures in institutions that conform to decent standards, they are permitted only on medical orders and under professional observation. Such opinion is final as to how long an individual prisoner can safely exist on a bread-and-water diet. But how about a mental diet of solitary confinement? Who determines how long the mind of a prisoner can be subjected to that ordeal without serious and irreparable impairment?

In the masterly final chapter of this book, in a section significantly entitled *Physical Pain Replaced by Mental,* the situation is summarized as follows: ''Stated in physiological terms, primitive forms of punishment consisted in the infliction of gross bodily hurt; modern penal methods are directed upon the higher functions of the central nervous system.''

The American reader cannot comfort himself with the delusion that we manage these things better in this country. The writers sagely remark, in their appendix *Some American Experiments,* that if they were attempting to describe or criticize American prisons as a whole, they would ''have to point out that America is in some respects behind other civilized countries, that many of her arrangements for the custody of prisoners are deplorable, and that some of the influences and movements here described have not yet penetrated or extended very far''. The lesson of the American experience is summarized in this quotation: ''Unless a prison is curative and makes a man better, so that when he goes out, he will see things from a different standpoint, it has no more right to exist than a hospital that would maim and cripple its patients and send them out a greater burden on the community than when admitted.''

MARY VIDA CLARK.

New York City.

DREAMS AND THE UNCONSCIOUS: AN INTRODUCTION TO THE STUDY OF PSYCHOANALYSIS. By C. W. Valentine. New York: The Macmillan Company, 1922. 143 p.

This is another ''introduction'' to psychoanalysis that does not introduce. As a discussion of certain psychoanalytical material and principles, it is written with an unusual simplicity and clarity; much of it is ably done. But it remains a discussion of Valentine's views of certain psychoanalytical principles, with his modifications and reservations, rather than an elucidation of those principles themselves. Such discussions are necessary and, when those who discuss are properly prepared, are helpful, but they can hardly be considered as ''introductions''. Professor Valentine's modifications (the author is professor of education in the University of Birmingham) would seem, furthermore, to be due not only to a lack of full understanding, but to a misunderstanding of the real significance of some of the things he is trying to elucidate. His discussion leads one to believe that he has been unable to ''follow through''—thus far, good; but let's go no further. As one might become interested in chemistry—might read a bit, experiment a bit, might even be thrilled as its possibilities unrolled—and then, finding that chemistry deals with unpleasant as well as pleasant material, might argue that it would be better for all concerned if chemists confined themselves to pleasant things—that H_2S belongs in the sewer, not in a chemical laboratory. One would, of course, miss the point: that H_2S is just as ''clean'' a chemical as any other; that there is nothing inherently ''wrong'' about H_2S; that it has great value and usefulness and that the world would be poorer without it; that one does not serve it at tea parties, but that those at the tea party would be better men and women if they had come into some intelligent contact with H_2S and had learned its true significance and the part it plays in the world. One who stops his study of chemistry at the first whiff of H_2S can never claim to understand chemistry.

Aside from these more fundamental matters, one notes some points that, while minor, are important gauges of the extent to which things have been thought through. Professor Valentine is disturbed by the fact that psychoanalytic data come so largely from the analysis of neurotic individuals; he still seems to regard the neurotic patient as somehow ''different'' from other persons. Such ''difference'' as there may be is, of course, one of degree, not of kind. When one studies an element in the illness of a neurotic patient, one does not study something that is ''different'', but a something that has been simplified—that, disentangled from the complexity of its usual setting, stands out nakedly in relief where it can be studied. It would be difficult to study the bony structure of a fat man; easier on a thin man; easier still on a starved one; easiest on a skeleton. But it would all be a study of bones. A similar situation exists in physiology, where most, if not all, of the knowledge that we apply in the understanding of one individual has come from a study of the pathology of other individuals as found in hospitals or as induced in the laboratory. Professor Valentine no doubt finds in his own field that by studying the failures of some of his students he learns much concerning the success of others. This is a point hardly worth discussion were it not for the fact that many find it a difficult hazard. That a professor of education should rein up in front of it is not surprising, for we have seen physicians who, although that very day they had been applying the knowledge they had gained in the autopsy room and the pathological laboratory to the understanding of an individual to whom they were giving a ''health'' examination, reined in their thought before the same hazard.

''We know that in many cases there may be great severity on the part of parents without any apparent nervous weakness in the child afterwards. The history of Puritanism could probably supply thousands of such cases'', says Professor Valentine. There must, indeed, have been thousands of Puritan children who were not driven into psychoses or neuroses by the severity of their parents. But is that all that Professor Valentine sees in the matter?

What would seem to be a complete lack of understanding of the significance of this process and what is to be expected from it leads him to a statement still more extraordinary:

''Furthermore, the physical and mental health of the child is not the sole aim we must keep in view. It may be that it would be worth while to sacrifice this to some extent, if necessary, for the sake of moral training and a conformity to what is found needful for the well-being of society as a whole.''

If only we knew what is ''needful''! Is the choice between ''health'' and ''disease''? Who is to decide what is ''needful for the well-being of society as a whole''? The ''normal'' and ''healthy''? But who are they? At what degree of ill-health does one finally cease to be ''healthy'' at all and pass over into the disease group? It is foolish to talk of ''disease'' and ''health'' as if they lived on different streets or even in different apartment houses on the same street. What degree of ''health'' has one who will say, ''For the sake of his 'moral training' and to make him 'conform' '' (to what? determined by whom? the state of that person's ''health''?) ''we will sacrifice this child's physical health or his mental health''? Aside from the perplexity of deciding to what he shall conform—Professor Valentine's code, your code, my code, the ''mass'' code?—what is the ''moral training'' or the conformity worth under such circumstances? Furthermore, if the child will not conform, why stop at such weak-kneed efforts as spoiling his health? Why not put him out of the way, not gently in prison, but with chloroform or rat poison? The principle is the same.

Shall we learn what is ''needful'' for society *as a whole* by any such method? Since our knowledge of what is ''needful'' is still so limited, would it not be better, instead of adding force to *make* individuals ''conform'', to continue our studies of *why* they do not ''conform''. In Cleveland it was found that many children did not ''conform'' (in the sense that they did not learn their school lessons well) because their bodies lacked a sufficient amount of iodine. The deficiency of the local water supply is now made up by administering iodides to these children, and it is found that they ''conform'' much more easily. It would have been unfortunate to have passed out the rat poison before this fact was discovered—even to have ''sacrificed to some extent the physical and mental health'' of these children ''for the sake of moral training and conformity''. Sometimes the *why* is purely psychological instead of physical. It matters not; the question is the *why*. Strangely enough, sometimes those who do not conform are found to be right and those who would *make* them conform to be wrong. There are so many codes, and so frequently the codes are codes of personal necessity rather than general necessity, although the individual is not likely to make the distinction. For the present, it would seem better to continue the studies of *why*. We will make greater haste in finding out what is ''needful'' by this slower method.

But, after all, this review gives hardly a fair estimate of Professor

Valentine's book. It is a much better book than one might gather from this discussion of it. I have chosen to discuss these matters because they are quite too important to be overlooked, but nevertheless the book is ably done in many respects and will be found useful.

FRANKWOOD E. WILLIAMS.

The National Committee for Mental Hygiene.

REPORT OF THE CONSULTANTS ON HOSPITALIZATION APPOINTED BY THE SECRETARY OF THE TREASURY. Washington: Government Printing Office, 1923. 112 p.

This is an account of the most important project in hospital development for mental diseases in some time, ranking with that of the New York Hospital Development Commission. Additional beds must be secured at frequent intervals in most of the states and many hospital heads have definite ideas about the lines along which their own institutions should develop, but such plans are for individual institutions. New York is not the only state in which central authority has laid plans for new buildings looking some distance into the future, but New York has so many more patients than other states that its plans are on a larger scope. The development of hospitals for the federal government involves so much vaster territory and so many local factors as to be a very complex problem and several brand-new institutions were required in addition to an increase in the size of existent ones and the remodeling of a number of buildings that were erected for other purposes, but that lend themselves with more or less facility to the care of mental patients.

The report covers events from October, 1917, when an amendment to the War Risk Act provided that disabled ex-service men might be hospitalized, to February 26, 1923, when the last 200 beds for tuberculous cases were transferred by the Treasury Department to the Veterans' Bureau. The members of the committee that makes the report were appointed by the Secretary of the Treasury as Consultants on Hospitalization. Public Act No. 384, approved by President Wilson on the last day of his official career, had devolved on the incoming Secretary of the Treasury the duty of providing these hospitals, and Secretary Mellon appointed as his consultants Dr. William Charles White of Pittsburgh, Dr. Frank Billings of Chicago, Dr. John G. Bowman of Pittsburgh, and Dr. Pearce Bailey of New York. Dr. Bailey was succeeded by Dr. George H. Kirby of New York.

The consultants lost no time in beginning their work, holding their first meeting March 16, 1921. They are generous in awarding praise to various public men and agencies and are not disposed to chant their own merits. They remark that the hospitalization of disabled veterans was a task that had never been attempted by any government before, so there was no experience in all history that could serve as a guide either to Congress or to the administration to assist in determining the extent of preparation necessary to execute the law. The Treasury Department, the Veterans' Bureau, the beneficiaries of the government, and the people at large are more indebted to this board than will soon be recognized. It is probable that experience will show some defects in their plans and some errors in execution; this would be inevitable. But the fact stands out that they went about their enormous task with great vigor, made use of actuarial figures to determine the probable number of cases to be cared for, and tried earnestly and intelligently to place hospital facilities within reach of the men who would need them.

On page 10 of the report is a statement of fundamental principles which should—and in part largely did—determine the creation of hospitals. Existent government hospitals under control of the various agencies and accessory facilities in state, municipal, and private institutions were listed and charted. Railroad facilities, the number and distribution of ex-service men in various localities, the nursing and medical facilities of the various sections of the country, and the ebb and flow of the sick—particularly the tuberculous, who travel in search of desirable climatic and hospital facilities—are closely related matters. The relation between the hospitals now being used and the existing soldiers' homes was considered, as well as the possibility of the conversion of some of these hospitals later into institutions for domiciliary care. Such a study could not progress far without some reference to the various ways in which governmental agencies have bungled or are likely to, and one of the lessons to draw from a report of this sort is the tremendous importance of avoiding errors that are not difficult to see if one will but study what our governmental agencies have done in other periods. It is too much to expect that those in authority will always be men of the highest wisdom, and our governmental machinery is so complex that a perfectly well-intentioned official whose field is rather on the outskirts of the hospitalization problem may block the progress of an important project because it seems to him to infringe on other projects which he comprehends much better because they are within his immediate field.

The consultants shortly summoned an advisory committee, including representatives of several bureaus and services already responsible in various ways for the care of the disabled veteran, army and navy officials, and representatives of the great national public-health organization. Expert reports on various matters were obtained, of which an excellent instance is a study of psychoneurotics who were being harmed by hospitalization. Methods of securing an adequate personnel were studied. We have no doubt that the influence of this committee was one of the factors that led to the retaining of a large number of psychiatrists as reserve officers in the Public Health Service, and to the other types of contract by which medical personnel could be recruited. That the problems of personnel are not altogether in a satisfactory state is indicated by a recommendation on page 15 that further study be made by the Federal Board of Hospitalization and that standards be offered for government guidance. The committee were evidently opposed to a centralization of medical service, and the course of events has sustained their judgment.

''The only field'', the report says, ''in which standardization was accomplished was in hospital plans.'' This is a subject always of great importance and especially in this period when the need of 15,000 additional hospital beds for mental cases in this country is forcing itself on the attention of administrators, legislators, and a considerable section of intelligent public opinion. The consultants state that a request was made that a medical director for each institution be chosen during the process of construction; this subject is so enormously important that it deserves a much more extended consideration than can be given it in this short review. It is an unfortunate tendency in this country, when a new institution is established, to put up the buildings first and than seek a man to operate them. A striking exception was the development of the Phipps Clinic of Johns Hopkins University. The medical director was appointed and given facilities for spending months in determining every detail of the plans before a contract was let or the personnel engaged. Results have, of course, justified that policy.

The consultants seem to be pleased with the outcome of their attack on the planning of institutions and say definitely: ''An inspection of a number of the finished hospitals by members of the consultants' staff has led to the conclusion that there is nothing better in the United States, and probably in the world, in the way of hospitals fitted for the special care of disabled veterans suffering from tuberculosis and nervous and mental diseases than those which have resulted from the expenditure of the moneys under this act.'' One may agree in general with this dictum and yet be strongly of the opinion that closer coöperation between the office of the supervising architect of the Treasury Department and the office of the consultants might have been beneficial. It is unfortunately the practice of some officials to take the bits in the architectural teeth and gallop madly over the grounds of a new hospital, throwing up a pile of stone here and a mound of brick there, getting results that are perhaps pleasant to look at, but that may overemphasize the institutional aspect of the place, and occasionally planning features that mean inconveniences in operation little short of tragedy. We do not assert that the completed buildings in these hospitals are not better than many in other hospitals, but a careful study of certain buildings, particularly the so-called diagnostic group, convinces us that the layout is not by any means ideally convenient for operation. For example, corridors tend to be long and gloomy and dispensary facilities are not well located. It is true, as recently stated in the *Architectural Forum,* relative to hospitals for mental cases, "such hospitals have not been standardized to the same extent as other types, and it is difficult to find many good examples". It is suspected that the architect of these hospitals for veterans would have done well not to have stopped with the advice given in a preliminary memorandum; it would probably have been possible to pass plans back and forth between the consultants and the draftsmen until arrangements as near as possible to perfection had been reached.

It is easy to carp at floor plans, but the writer knows by experience that it is difficult to draft floor plans that will prove entirely satisfactory when the building is constructed. Therefore, not too much should be said about wards that look somewhat gloomy, about swimming pools, and about compelling senior medical officers to dine in their living rooms. No one can study the plans of these buildings without realizing that much thought has been put upon them. The buildings for tuberculous patients particularly seem quite in line with the most advanced opinion on suitable construction for such cases. The work had to be done as quickly as possible in a period when building costs were high. Though it is not so stated in this report, it is understood that plans were skimped now and then, because even the liberal appropriations made by Congress did not prove sufficiently large to accomplish all the things needed. There were evidently at various points of this proceeding differences of opinion with the Veterans' Bureau.

Some hopes have not yet been fulfilled. The Bronx hospital, for instance, was expected to comprise 1,000 beds within ten months from September, 1921; it still has less than half that number at the end of March, 1923. Queries are already raised as to why 1,000 cases should be located on this little plot of ground close to a thickly settled apartment-house district, but the consultants point out that their plan was to provide for various types of cases there and not merely mental patients. The cost of building and equipment ranged from $1,861 to about $5,000 per bed, but even so some of the equipment came from surplus supplies on hand and some from an allotment to the bureau of supplies. The consultants point out that where an institution had to be planned entirely new, the cost per bed was of course much greater than when mere additions were made. The consultants were impressed by the value that would be derived from having data on comparison of costs in various institutions, and they publish a scheme for such a determination. It is to be hoped that this will be prepared and made accessible to states and municipalities also. This is somewhat in line with the recommendation that the present board of hospitalization be continued in some form. The plan is probably sound, but it is certainly to be hoped that any board of hospitalization that deals with veterans will have a more sympathetic and intelligent attitude toward some of the problems involved than has been the case during the last two years.

In one regard we believe that the estimates of the consultants are seriously in error. In January, 1922, they estimated that the number of beds needed for neuropsychiatric cases would be 8,000. In the next month a conference of psychiatrists was called by the Veterans' Bureau and decided on the basis of the best figures available that approximately 12,000 beds should be provided for neuropsychiatric cases. There seems to be no good reason for accepting the lower estimate. On March 8, 1923, the number of cases accepted for hospitalization was 9,311 and the peak of the load is some time ahead. Unless the government proceeds with an ample program of construction, there will be nothing for it but to continue the present contract system. Perhaps this is not the place to enter into a long discussion of that system. Suffice it to say that it is not satisfactory either to the friends of patients (as represented, for instance, by the American Legion) or to the public institutions that care for these cases under contract. Another unfortunate feature of the report is the suggestion that beds vacated by deaths in the National Soldiers' Homes be utilized for mental patients. No class of patient requires more highly specialized care. The mere provision of beds for them, without the special equipment and the trained personnel that their treatment demands, is an utterly inadequate handling of their problem.[1]

The committee makes eight definite recommendations for future federal hospitalization, placing them at the beginning of this report, doubtless with the hope that even the most cursory reader will catch them. Several deal with the desirability of continuous study of the problems of hospitals, a matter that is of very great importance and should not be left so generally to private initiative as is the case at present. Future uses of these hospitals, when they have served their present purpose, are sagely suggested. The viciousness of individual or local interest in the location and enlargement of hospitals is touched on briefly. This reference is particularly timely, since it is generally believed that a large part of the time and work of the new director of the Veterans' Bureau will be absorbed in a struggle to remove the political influences that now curse it.

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[1] For a further discussion of these features of the report, see page 437 of this issue of MENTAL HYGIENE.

Let it be said again that this report covers a project of great importance. It is well drawn up, its statements clear and in admirable diction, and its illustrations numerous and well executed.

SAMUEL W. HAMILTON.

The National Committee for Mental Hygiene.

ABNORMAL BEHAVIOR; PITFALLS OF OUR MINDS; AN INTRODUCTION TO THE STUDY OF ABNORMAL AND ANTISOCIAL BEHAVIOR. By I. J. Sands and Phyllis Blanchard. New York: Moffat, Yard, and Company, 1923. 482 p.

In the authors' introduction, they state: "We have undoubtedly reached that stage when students who expect to enter some profession which involves the intimate dealing with human individuals need some such general discussion as a classroom text and as a guide to further reading. But it is our hope this book may serve a broader purpose than this in being sufficiently non-technical to be intelligible to the lay reader who wishes to gain some insight into the subject of conduct disorders." We trust that the hopes of the authors will find gratification in a wide circulation amongst the kind of readers whom they desire to reach, especially laymen, for the book will no doubt serve to set such readers straight on many subjects treated of in the text. Both authors are well equipped by experience to write on this subject.

The first chapter, which is very well written, introduces the reader, in a non-technical manner, to the theories of McDougall, Thorndike, Watson, and others. A small, but well-chosen bibliography is appended.

Chapter two is entitled *Emotional Conflicts in the Causation of Conduct Disorders*. Actual cases are brought in by way of illustration. One could wish that this chapter were longer.

Chapter three discusses intellectual capacities and their relation to behavior. A point is made of the dangers that may arise in attempting to measure the mind with a yardstick. The authors also point out the fact that low intelligence in itself is not always the explanation of delinquency. The need for a proper training of high-grade defectives, rather than for their institutional care, is stressed.

Chapter four treats of the physical basis for behavior and the influence of somatic diseases upon conduct. It is strange that the authors refer the subject of syphilis to another chapter instead of treating it at considerable length here. We do learn, however, that "food is taken into the mouth, where it is broken up into smaller particles by the teeth". Not very profound, perhaps, but this is only as an introduction to the authors' remarks about the theories of Cotton and others. No names are mentioned, but we take it that this is the reference here since later in the same chapter the large intestine is mentioned. At any rate we find the authors disagreeing with these theories, stating that "their claim is not substantiated by other workers in psychiatry". Undoubtedly the majority will agree with this. A list for supplementary reading is appended, as to all the other chapters. One would expect to find some reference here to Cotton's work. Conservation is reflected in the paragraphs on the endocrines.

Chapter five is thoroughly well written and is worth reading by any one. It is altogether too short, but the authors' purpose is no doubt well carried out. The chapter deals with the relationship of personality types to behavior. The various personality types are described and outlines to serve as guides to their study are included, such as the Hoch-Amsden, the Wells, and the Allport. It is encouraging that the authors take a not altogether fatalistic attitude toward the possibility of changing the personality make-up.

The publishers state, by way of advertisement, that Doctors Blanchard and Sands have written their book in a sufficiently elementary style to serve as an introduction to abnormal and social behavior for the student of medicine and psychology, the judge, the psychiatric social worker, the probation officer, the parent, and the teacher. The reviewer hopes that the book will find its way to the libraries of many of these, and particularly that many judges will read the last paragraph of chapter six, which is entitled *The Rôle of the Psychoses in the Causation of Antisocial Conduct.* This paragraphs reads: "The authors have met too many so-called examiners in lunacy whose sole qualification for deciding questions bearing upon a patient's commitment to a state hospital, etc., was a period of three years elapsing from the date of their graduation from medical school to the time when they applied to a court of record for appointment as examiner in lunacy. Many of these so-called examiners in lunacy openly confess ignorance of the finer points of psychiatry which are so essential for the determination between normal and psychotic states. Furthermore, it is the belief of the authors that kinship to a judge or political leader, or affiliation with a political organization, are, by themselves, insufficient qualifications for a physician to serve as a medical member of a commission appointed for the determination of the sanity of an individual charged with a felony."

This brings us to chapter seven, which deals with the border-line mental disorders as causes of abnormal conduct. Here the psychoneuroses, the neuroses, the pathological personality types, and the border-line mental defects are described. The various theories of causation of the psychoneuroses and neuroses are discussed, the Freudian classification and interpretation are briefly described, and other theories are considered. Many things that are said in this chapter relative to the practice of psychoanalysis we trust may sink deeply into the minds of its readers. Perhaps an altogether wrong impression is given in some places as to the ease with which an analysis is made, but this is offset by the common-sense discussion of the question as to who are properly qualified to conduct an analysis.

A page or so of this chapter is given to the question of masturbation. Many sensible things are said in a few words on this topic, yet it would seem that the authors have perhaps gone from one extreme to the other in treating it. One could hardly do full justice to this topic in a page, however, and no doubt the authors' message has been effectually conveyed.

Chapter eight is headed, *Epileptic Manifestations in Behavior Difficulties.* The various conceptions of the epileptic are interestingly discussed both as to classification and causation, and there is a brief sketch of the epileptic personality as described by Dr. L. Pierce Clark. Finally we are told of the ''modern management of epileptics''. We are left rather in the dark as to exactly what this ''management'' is. We notice, however, that for supplementary reading we are referred to an article on luminal by one of the authors.

Chapter nine deals with the problem of drug addiction. This subject is pretty well discussed, on the whole, so far as the limits of the work permit. We are glad to see the dangers of veronal brought to the attention of readers. Those who have a wide experience with drug addicts will confirm what is said on this point. It is certainly a dangerous drug to put in the hands of a neurotic or, in fact, to allow to go over the drug counter without a prescription.

We can by no means agree with the remarks on the morphine habit on page 295, where it is stated that ''two or three doses are sufficient to establish the habit''. Such teaching as this might result in some harm, yet perhaps it is better to overstress the dangers of the drug than to underestimate them. Much that is said about alcohol and prohibition is no doubt true. The projection mechanism that is manifested in some reformers is well described. There is much that would be comforting to those who wish a change in the prohibition laws. Very much is left unsaid, however, as to the favorable results of prohibition.

Chapter ten deals with suicide, under the heading, *The Unbiological Behavior of the Suicide.* Many interesting tables and analyses are included.

There is good sense in chapters eleven, twelve, and thirteen, which are entitled, respectively, *Educational Maladjustments, Vocational and Industrial Maladjustments,* and *The Modern Method for the Prevention and Correction of Conduct Disorders.*

STEPHEN P. JEWETT.

Bureau of Children's Guidance, New York City.

THE MEXICAN MIND. By Wallace Thompson. Boston: Little, Brown, and Company, 1922. 303 p.

This is not such an exposition of the mental traits of the Mexican as the title of the book would lead one to expect. The author implies in the preface that the book was written to meet the one serious criticism of his earlier book, *The People of Mexico.* Critics found it a "failure to delineate a solution for the difficulties which were described". This solution, he says, is "the education of the Mexican mass". The present work is, therefore, rather a sociological study of the people of Mexico and an attempt to forecast their future development than a treatise on the psychology of the Mexican. It is apparently the work of a sincere student and an accurate observer of Mexican life.

The dominance of the Indian mind in Mexico is properly emphasized. Of the fifteen million population, six million are pure Indians, eight million are *mestizos,* or half-caste Indians and Spaniard (two-thirds of these are dominantly Indian, both in physical type and mental make-up), and only one million are creoles or of pure white blood.

The political organization found by the Spaniards was a very primitive and ill-organized feudalism. The easy life in the tropics made clan discipline very ineffective. The outcast could easily live on the products of the jungle. The Spaniard accepted and elaborated the clan system. The Mexican is still accustomed to the local chief. In the eight hundred revolutions that have occurred in a century of Mexican independence, each has been the rising of one chief against others. The communistic trend of the constitution of 1917 Mr. Wallace regards as a very artificial graft.

As to the mind of the Mexican, the author agrees with Alexander von Humboldt that no race is more destitute of imagination, that they are imitative in a high degree and have skill in the purely mechanical arts. He insists also that "sex expressions are the end of life for the average Mexican, particularly the average male Mexican. His mind dwells ever on sex, and what corresponds to his imagination is devoted—all of it—to sex gratification." (p. 153.) There is an absence of the higher sentiments connected with courtship and marriage. There is a concentration of the mind upon lust. It is a factor even in the frequent revolutions. Hunger, however, is the first motive force that leads the peon to join the bandit chief. Most of the soldiers are sixteen-year-old boys, or men of fifty or over. The boys join the armed bands, first, to secure food and then ''for the privilege of assassination and for the privilege of giving the sex urge untrammeled sway''. (p. 190.)

There is in the Mexican a genuine love of the land. The author pictures a Mexican peon mother trudging long miles over the desert to her *''tierra''* (the place of her birth and growing years) that she may give birth to her child in the same hut, even though it is now deserted.

There is also a sense of loyalty to the people and to the land among the upper classes. These and other precious things in the souls of the Mexicans can be seized upon by a properly organized educational system. Even a sublimation of the all-controlling sex instinct can be affected by a properly organized application of mental hygiene to the life of the growing Mexican child. Only by such educational applications of our knowledge of the development of character, personality, and citizenship can Mexico be saved to the Mexican.

The author points out the importance to the people of the United States of such education of these millions of Indians to the south of us. It is to our interest that they become socialized and organized and—may we say?—civilized. It is to our interest that they become honestly interested in themselves. Real self-interest should prompt us to study the psychology of this people, to set to work real educational forces among their children, and to secure their socialization.

THOMAS H. HAINES.

The National Committee for Mental Hygiene.

CASE STUDY POSSIBILITIES; A FORECAST. By Ada Eliot Sheffield. Boston: Research Bureau on Social Case Work, 1922. 64 p.

Just at this particular stage in the development of mental hygiene, when the general public is reaching out, making demands, and expecting results that are frequently well beyond the limitations of our present-day knowledge, it is not surprising that in the effort to meet these requirements, quality of work is often sacrificed to quantity. We seek excuses for the hurried and superficial character of our work in the extensiveness of our labors; it is the number of hours of work and the number of cases interviewed by which many of us justify our existence. It is, therefore, gratifying to find in Mrs. Sheffield one who is not rushing madly on in the well-worn path of routine, but who is taking time to consider and to develop the possibilities in the task at hand.

Mrs. Sheffield's monograph is a real contribution. Within the limited space of 64 pages, she has dealt clearly and concisely with social case-work and its relation to the individual and to society. She has drawn from her experience the most valuable generalizations, and applied them to the individual with a skilled technique.

After discussing what she terms the "tentative rationale of analysis", in which she deals with the client's normal endowment and his social environment, she states frankly and unhesitatingly that the social point of view, as entertained by the social worker, "differs from that of most medical men, psychiatrists included, and from that of most practicing psychologists. These specialists, from the very nature of their training and their daily work, tend to take an anatomic view of the individual, to think of him more as a self-sufficient unit impinged upon by environmental forces than as an integral part of his social setting."

Those who spend much time in clinical work, regardless of its specific character, and who have been fortunate enough to have the assistance of a well-trained social worker, appreciate the fact that such a worker, by virtue of her social technique, is in a position to make a contribution that is invaluable both in diagnosis and treatment. It is of interest to those of us who are approaching many of our problems from a psychiatric point of view to know that the conviction that the personality of the client must be studied permeates Mrs. Sheffield's entire discussion. She appreciates keenly the necessity of making the same approach to medical social case-work that we have been laboring to introduce into the study of psychiatric cases. This will eventually mean that all social workers will be required to study the individual in the home, in the shop, at play, and at such times and places as the opportunity presents, that they may render to the psychiatrist the invaluable information obtained through these informal examinations.

The social worker has a unique opportunity to contribute to the problem of sociology. The author states that "as normal psychology has profited from the study of exaggerated mental states", so it is reasonable to suppose that sociology may "profit from the study of aberrations and failures in social adjustments".

Each page of Mrs. Sheffield's book has at least one paragraph that one would like to quote if space permitted. The monograph should be read by every one interested in social problems. It will undoubtedly stimulate more intensive study in case-work, which in turn should do much to establish the social worker on the professional plane to which she is entitled.

DOUGLAS A. THOM.

NOTES AND COMMENTS

Connecticut

A bill to establish a state psychiatric hospital is before the Connecticut legislature. By the terms of the bill, the state would make appropriations for the construction of the hospital and contribute toward its maintenance. Yale University plans to donate the land, which adjoins the New Haven General Hospital and the Yale School of Medicine. The new institution would be staffed by the General Hospital, of which it would be a unit, but Yale School of Medicine would have teaching privileges. This bill is the outcome of a survey made by the State Psychopathic Hospital Commission, which was appointed in 1921 by the governor, in compliance with an act of the legislature that year.

District of Columbia

An amendment to the War Risk Insurance Act was approved on March 4, 1923, providing that every officer and enlisted man or any person in active service under the War and Navy Departments who was discharged or resigned prior to the establishment of the Veterans' Bureau (August 9, 1921) and every such person in active service on or before November 11, 1918, who was discharged or resigned after the establishment of the Veterans' Bureau, shall be held to have been in sound condition when entering the service, except as to such disabilities as were recorded when or prior to the time he entered the service. This amendment also provides that an ex-service man who is shown to have a neuropsychiatric disease or an active tuberculous disease developing a 10 per cent degree of disability or more, and such showing was made upon examination by a medical officer of the Veterans' Bureau or by a legally qualified physician, within three years after his separation from the active military or naval service, shall be considered to have acquired his disability in such service or to have suffered an aggravation of a preëxisting neuropsychiatric disease or tuberculosis in such service.

The general appropriation act for the District of Columbia for the year ending June 30, 1924, authorizes the Board of Charities of the District to acquire a site for the new home and school for feebleminded in the District of Columbia, Maryland, or Virginia. Not over $38,000 is to be expended for the site. The authorization to use a site already owned by the District, contained in the appropriation law for the fiscal year 1923, is repealed.

A bill introduced in the recent session of Congress to establish a department of public welfare for the District of Columbia failed of enactment. To this department would have been assigned the activities and duties of the Board of Charities, the Board of Children's Guardians, the trustees of the National Training School for Girls, and the directors of the Columbia Hospital for Women and Lying-In Asylum. In addition to the above-mentioned institutions, the department would have administered the Industrial Home School, the Workhouse of the District of Columbia, the Washington Asylum and Jail, the Reformatory of the District of Columbia, and the District Home and Training School. The work of the department would have been organized in four divisions—mental disease, child guardianship, corrections, and administration.

The department would have acted as commissioner of insanity, with power to investigate the question of the insanity and conditions of any patient in any institution for insane, public or private, within the District. All questions as to the sanity of inmates of penal, reformatory, and other institutions would have been referred to and determined by the department. It would have been authorized to encourage scientific investigations by the medical staffs of the various institutions and to publish bulletins and reports of scientific and clinical work done in these institutions. It would have had authority to establish and maintain free clinics for the feebleminded, and maintain a registry of the feebleminded. The measure gave in detail the procedure for court commitment of insane, feebleminded, or epileptic persons. By the terms of this measure, the department would have developed psychopathic-hospital service by establishing and maintaining new hospital units and out-patient departments in connection with existing or future public hospitals.

Among other provisions of interest included in the bill were commitment for observation, emergency commitment, voluntary admission, and parole, a department for defective delinquents, the examination of prisoners under sentence in penal institutions alleged to be insane, and the licensing of institutions caring for insane, feebleminded, and epileptic.

Illinois

A bill providing for a survey of specially handicapped children of school age is before the legislature of Illinois. Specially handicapped children are defined as follows: (1) children of school age who are three or more years retarded in school grades or those with the mental equivalent of such retardation who have not had three years in school; (2) children of school age who are delinquent—displaying chronic truancy, lying, stealing, obscene talk and writing, sex offenses, anti-social tendencies, incorrigibility, and the like; and (3) children of school age who, in the opinion of the teachers, are different or stand out as being seclusive, asocial, melancholic, nervous, subject to fits or spasms or violent outbursts of temper, or suffering from physical or mental conditions of a nature to interfere with their own progress in school or with the progress of others or to render them disturbing factors to teacher or pupils. The survey would be conducted by the department of public welfare through its Institute for Juvenile Research.

A bill before the 1923 legislature would provide for the commitment of mental defectives with criminal propensities. This bill authorizes the state's attorney, before sentence is pronounced in criminal offenses, such as felony or misdemeanor, to ascertain whether the person has been previously convicted of felony or misdemeanor in this state or of felony in any other state. If, after such investigation, it appears that the person has been previously convicted, and the court believes that such person may be a mental defective, it shall be its duty to institute an examination of the person and his history to ascertain whether or not he is a mental defective. If there is reason to believe that he is mentally defective and a danger to the person or property of others, then a petition must be filed stating such belief, the facts upon which it is based, and the names and addresses of witnesses, and the court must be requested to order a mental examination of the person.

The judge may then order the accused person to be examined by a competent alienist, who is skilled in diagnosing mental disease and mental defect, and who shall have had at least five years' experience as a practicing physician. The examination is to be conducted privately. The alienist must certify to the court his findings in a signed report. If from this report and the evidence heard, the court is of the opinion that there is ground for believing the person to be a mental defective, then the court may order a copy of the report to be given to the state's attorney. It is his duty thereupon to file a petition for commitment to a state colony for the care of mental defectives or such other institution as may be provided by law.

This bill allows the accused person to present a defense and provides for the discharge of persons thus committed.

The following section is also found in this bill:

"Whenever a child under 17 years of age is brought before a juvenile court as a delinquent child only and it appears to the court that such child is a mental defective as defined in this act, such court shall have the power and it shall be its duty to institute proceedings against such child in the same manner and to the same extent as is provided for in other cases under this act, and it shall be its duty if proceedings so justify to commit such child to a farm colony or other suitable institution as may be provided by law.''

A bill requiring institutions that care for mentally defective persons, or persons suffering from mental or nervous disorders, to obtain a license from the department of public welfare was introduced in the 1923 legislature.

Minnesota

A bill introduced March 1 would allow the state board of control to exercise general supervision over feebleminded persons outside of institutions through any child-welfare board or other appropriate agency authorized by the state board of control. This bill would also provide for the release of feebleminded persons to the care of relatives or friends under bond.

Missouri

A bill providing for the establishment of a separate state institution for epileptic persons was introduced in the 1923 legislature.

A bill before the legislature would provide for an increased number of assistant physicians at each of the four state hospitals for mental diseases and at the state institution for feebleminded and epileptic.

Montana

The 1923 legislature of this state has enacted a law known as the ''Eugenical Sterilization Law''. It provides for a state board of eugenics composed of the chief physician of each custodial institution, the president of the state medical association, a woman member appointed by this association, and the secretary of the state board of health as chairman. This new board is to approve or disapprove the certificates for sterilization submitted to them by the chief physician of each custodial institution, and to review the decision of the chief physician in case of non-consent on the part of the guardian or relative. The board is empowered to exercise general supervision over matters pertaining to sterilization and over the chief physician and assistants in custodial institutions, and to require from them proper records and data for the determination of the efficiency, benefits, and specific effects of eugenical sterilization. The purposes of the bill are stated to be to better the physical, mental, neural, or psychic condition of the inmate of any custodial institution, and to protect society. It is not intended to be a punitive measure.

Nebraska

A revision of the marriage law now before the legislature contains the following new provision: ''No person who is afflicted with a venereal disease or who has been adjudged an imbecile or a feeble-minded person or a person who is or has been adjudged afflicted with hereditary epilepsy or hereditary insanity, shall marry in this state.''

New Jersey

The state hospital at Morris Plains has opened a new 400-patient building which for the present will be used as a reception hospital. This hospital has received an appropriation of $73,000 for the completion of a new sewage disposal plant, $25,000 having been spent from last year's appropriations for this purpose. Other construction contemplated at this institution are a new power plant, two buildings for employees, and a new reception hospital of 100 beds for each sex, the present reception hospital to be used later as a treatment building. During the past year separate houses for the medical superintendent and clinical director have been built, as well as an apartment house for ten physicians, two two-family houses for physicians, and two cottages for nurses.

New York

A special message was recently sent to the legislature by Governor Smith urging the importance of submitting to the people for approval next autumn a bond issue of $50,000,000 for the replacement of inadequate and inflammable buildings at the state hospitals and state charitable institutions with modern fireproof structures. A bill embodying the governor's recommendations has passed both houses of the legislature and awaits the governor's signature. The bond issue will be submitted to the voters at the next election.

The general appropriation bill that was passed by both houses on March 27 provides $3,621,720 for new construction and permanent improvements at the state hospitals for mental diseases. The largest single appropriation in this amount is for continuing the construction of the new Creedmoor division of the Brooklyn State Hospital, $800,000 being allowed for this purpose. Manhattan State Hospital receives $615,000 for new construction, and the Marcy division of the Utica State Hospital receives $375,000.

Increased amounts for personal service in the state hospitals have been allowed, providing for a ratio of one ward attendant to every nine patients, except at the Brooklyn and Manhattan State Hospitals, where the ratio will be one to eight. Provision is also made for one physician to each 200 patients, excluding superintendents and pathologists, except at the Brooklyn State Hospital, where a ratio of one physician to 150 patients is allowed. The appropriation bill also provides for a chief occupational therapist at each state hospital and as many occupational-therapy aides as the state hospital commission shall approve. One social worker for each 100 patients on parole from urban hospitals and one to each 75 from rural hospitals are provided.

The four state schools for mental defectives will receive $909,485 for new construction. The largest amount goes to Letchworth Village—$580,000.

A bill providing $1,500,000 for the construction of a special unit for ex-service men at Kings Park State Hospital has been signed by the governor.

An amendment to the education law, which will provide financial aid by the state to special classes in the public schools for mentally retarded children, has passed both houses of the legislature and is ready for the governor's signature. These classes were authorized by a law enacted in 1917 (summarized in MENTAL HYGIENE, July, 1917).

The text of the new provision is as follows:

"If the board of education of a city or union free school district establishes one or more special classes for the instruction of children who are three years or more retarded in mental development, as provided in this article, and shall employ one or more teachers for the instruction thereof, the commissioner of education shall apportion to such city or district, in the same manner as teachers' quotas are apportioned thereto, an amount equal to one-half the salary paid to each of such teachers, but not to exceed one thousand dollars for each teacher so employed. No such apportionment shall be made on account of a teacher so employed unless there shall have been issued to such teacher by the commissioner of education a certificate authorizing such teacher to teach such special classes or unless such teacher shall possess the qualifications prescribed by the commissioner of education."

Measures to reduce the number of state departments and to create a commission or commissioner on mental hygiene are now under consideration by the legislature.

North Dakota

A law enacted by the 1923 legislature that confers additional duties and powers upon the state board of administration authorizes this board to receive and provide for feebleminded persons committed to its guardianship by courts of competent jurisdiction.

A bill to create a bureau of child research in connection with the departments of psychology and sociology of the state university failed of enactment. Its members would have been the professors and instructors in these departments, with a director appointed from among such members by the state board of administration. The duties of this bureau were thus defined in the bill:

''The bureau shall disseminate information relating to mental hygiene, the cause and prevention of insanity, mental defect, and epilepsy, and the effects of these on the individual, his or her offspring, the community, and the state; conduct studies of the relationship of mental disorders and epilepsy to crime and moral delinquency; conduct mental clinics in institutions for the feebleminded, insane, and other public institutions, hospitals, and schools as may be determined by the bureau; make scientific investigation and research into abnormal and subnormal mental conditions and the clinical teaching of psychiatry, and into the treatment and prevention of delinquency, defectiveness, and dependency; conduct examinations of children or adults upon the order or request of courts or superintendents of institutions or agencies caring for dependent, neglected, defective, or delinquent children within the state, for the purpose of determining their mental condition and diagnosing their social conduct, and report the results of such examinations to the court, or other authority, requesting the same, and advise such court or authority as to the disposition to be made of the person examined; make mental tests or other mental examination of children, individually or in groups, in public schools of the state; and perform such other duties as may be imposed by law.''

Washington

A eugenic marriage bill introduced in the 1923 legislature failed of enactment. This bill would have required the examination of all applicants for marriage licenses in regard to contagious or communicable venereal diseases and the mental fitness of such applicants to enter into a marriage contract as a condition to the issuance of a marriage license, except in the case of women forty-five years of age or older. If either or both applicants failed to pass the health and mental tests, one or both must have been rendered sterile before the issuance of a license, and in no case would it have been issued if the certificate of examination showed a mental capacity of not over twelve years of age.

The examinations were to have been made by a regularly licensed physician competent to make such examinations. Unless the usual examinations showed positively the presence of communicable venereal disease or a mental capacity of not more than twelve years, a blood test would have been required. The regulations concerning these examinations would have been formulated and adopted by the state board of health. Any person would have had the right to appeal to the county court for a reëxamination. This would have been made by a board consisting of three competent physicians or psychiatrists or both.

West Virginia

A bill to abolish the state normal school at Liberty and convert the buildings into a state educational school for the feebleminded was introduced in the 1923 legislature.

A state board of criminal supervision, consisting of five members—an alienist, a criminologist, a business man, a chaplain, and a superintendent of instruction—would be created by a bill before the 1923 legislature of West Virginia. To this board would be committed the length of sentence of every person sentenced to the penitentiary, and no person would be discharged except upon the order of the board, after being tested on parole.

Wisconsin

A bill before the 1923 legislature would extend the law requiring a physical examination as to the existence of any venereal disease of a person applying for a marriage license to include both sexes instead of only the male as formerly.

A Message from Australia

The following remarks were delivered informally at the annual meeting of The National Committee for Mental Hygiene, last November, by Professor Elton Mayo, of the University of Queensland, Australia. The talk is of interest, not only for its account of the mental-hygiene movement in Australia, but for its humor and charm and its insight into the need for a broader conception of the function of education.

"I don't know if you are familiar in the United States with the famous incident in British history of the tailors of Tooley Street. Six tailors presented a petition to His Most Gracious Majesty the

King, and began it: 'We, the people of England'. I have as little right as those tailors to pose as a representative of Australian or British opinion on the subject of mental hygiene. I think that throughout the whole British Empire, and especially in Australia, we lack education in this to an extent that in the United States you hardly realize. Nevertheless, there are in Australia groups of people who are beginning to take interest in problems of this type. I have been actively associated with many medical practitioners, for example, in psychopathological work; these medical men are now definitely interested in mental hygiene by reason of our experience of its need. Groups of parents also are beginning to read and think on this subject in connection with the education of their children. They are no longer satisfied with the traditions of child training that have been handed down to them by the past generation. Large groups of teachers in Australia are doing their best to develop and extend this new parental interest. Remote though these individuals and groups may seem to be, they are, to an extent probably unsuspected by you, beginning to look out across the Pacific Ocean toward the work you are doing in this country. Here you are apparently more ready to experiment with a new idea than we are; it is perhaps this fact that recommends to us the work you are doing. Now these groups believe that this wide land of yours, self-sufficient though it seems to be, is in the first stages of an achievement that will yet bear fruit in our country and every other country in the world. In other words, we believe that although this is described as a national committee, the importance of its work is world-wide and its significance world-wide. The tendency in Australia to look across the Pacific towards America has increased and has been encouraged recently, not merely by the war—though collaboration between the medical forces of the Allies had, of course, its effect—but rather by the excellent work which the Rockefeller Foundation has been doing in a strictly medical way in Australia—work in infectious diseases, war against hookworm, and certain additional work in public health. The Rockefeller Foundation has made your methods well known in Australia and has inspired a very considerable respect for American investigation.

''Last year I heard one of the leading labor socialists of the commonwealth say (and I think what he said should be set down in your records): 'If in Australia we had men like the Rockefellers and the Carnegies, men of sufficient imagination to endow scientific research, then I, for one, would not believe that socialism was necessary. But', he added, 'we haven't got them in Australia and so far as I can see we are not likely to have them.' Whether he meant that we haven't sufficient wealth in Australia or sufficient scientific interest, he did not make clear.

''Relatively little is being done at present in Australia in the field of mental hygiene. This is a sorry admission to make; I can only qualify it by adding that there is a desire to do something and that a deep interest in the whole question characterizes the leading men of the commonwealth. The head of the federal department of public health, Dr. Cumpston, keeps himself closely informed of the work of your National Committee. He is, I know, anxious to set on foot a similar movement in Australia. But he, and others like him, are faced with all sorts of difficulties. There is danger, for example, of public and political misunderstanding. In a country like Australia, it is not easy to keep suggestions of a mental-hygiene crusade free from 'political coloring'. Yet such a crusade must, of course, be clear of all political taint. Another difficulty is that the medical profession as a whole is not unanimous as to the form a mental-hygiene campaign should take. Several of the leading medical men of Australia have told me that they would welcome a visit from an American psychiatrist for educational purposes. I have every hope myself that such a visit will be arranged. It is a curious fact that in Australia, as in most other countries, if a man comes to settle with us, we tend to suspect his authority; if he comes as a visitor, we are willing to believe almost everything he says. For this reason, if for no other, I hope that Australia will shortly be visited by one of the well-known psychiatrists of this country.

''The services of such an educational visitor are greatly needed. In one of the Australian universities there is no instructor specialized to take charge of psychology. A student hears a few lectures on academic psychology in the course of several years of work. I understand from a leading psychiatrist that there are no lectures in psychiatry at all. This shows how deplorable the situation is in Australia. Dr. Ernest Jones, Director of Mental Hospitals in the State of Victoria, read a paper to the Australian Medical Congress of three years ago in which he based suggestions as to what should be done on the methods adopted at Albany in the state of New York. Certain pious resolutions were carried by the congress, but no action has followed. In a sparsely populated country personal factors enter largely into politics; he who seeks to extend the sphere of activity of his professional group is apt to be suspected of hidden motives.

''But the Australian horizon is not altogether dark; certain recent events give ground for hope to those interested in mental hygiene. Sir John MacPherson, formerly First Commissioner of Lunacy in Scotland, has been appointed to the chair of psychiatry in the University of Sydney for a period of three years. In that time he will, no doubt, survey and reorganize the work of the university and of the state department. Recently also there has been appointed to the University of Queensland a psychiatrist of high standing, formerly assistant to Dr. C. S. Myers of the University of Cambridge. Dr. Lowson has had extensive neurological, psychiatric, and psychological experience during the war, and before it; his chair is entitled a 'research chair in medical and educational psychology'. It is an unusual type of university appointment in that lecturing and teaching are not required of the occupant of the chair. Those things are made definitely secondary to research.

''These two appointments mean much to Australia, but they do not complete all that may be said for the future of psychological and psychiatric work. As I said at the beginning of my address, it is the rising interest in the Australian public attitude to mental hygiene that will assure the necessary backing for any movement. Recently there has been an immense flood of psychopathological literature—some of it very bad, some of it interesting and instructive. Those who take an intelligent interest in the education of children are reading these books to an extent that one cannot readily realize. The outcome is that there is no longer a general assumption that any sort of mental disorder is necessarily beyond remedy. This greater hopefulness has been strongly reinforced by the work of psychiatrists in military hospitals. The Red Cross Society of New South Wales, during the latter stages of the war, endowed four hospitals for 'shell-shock' cases and nervous disorders. These were the Russell Lea Hospital at Fine Dock, Sydney, the Novar Hospital for alcoholics, and two country hospitals at Exeter and Mowbray Park. Although intended primarily for the treatment of war conditions and 'shell shock', these hospitals soon discovered other mental conditions in returned soldiers which responded to psychopathological treatment. Consequently, whereas in former days there was no place to send an individual suffering from mental trouble except to an asylum—in which case one usually gave up hope—it was now possible for the relatives of soldier patients to send them to Russell Lea for preliminary examination and treatment. Among a great many cases thus admitted to Russell Lea, there were an unexpected number of recoveries. This became known to the general public and reinforced the general belief, the growing belief, that all was not well with our pre-war methods of handling mental and 'nervous' disorders. Recently a movement has begun to take form amongst parents and educators, a movement which asks not merely for assistance in respect of defectives and the neurotic, but asks that skilled advice may be made available for parents and teachers. The traditional methods of education no longer command our undivided allegiance; we no longer accept blindly the tradition of family discipline committed to us so complacently by a former generation. There is a growing public desire to substitute understanding and skill for mere tradition. This is leading to a move in the direction of organized mental hygiene.

"I think this attitude gives hope for the organization of this work outside the United States and especially when we read in your report the assertions of your representative in Canada. I believe that the British dominions would respond readily and generously at the present moment to an appeal for the organization of a mental-hygiene movement. Everywhere the field is ripe for work, so far as I know the field. The misfortune is that in many places workers are few and charlatans are finding the less intelligent members of the public an easy prey. It seems to me a very great pity that it is not possible for the medical profession to take hold of a field such as that which offers for this work in Australia—before the charlatan begins his systematic exploitation of the credulous.

"I have only one other thing to say. Several speakers here to-day have advised you to push beyond mere mental hygiene as at present conceived and to take into consideration the whole system of education. I hope you will not hesitate to follow their advice. Your present work implies a criticism of educational methods, a criticism that should be pushed home. Education, as usually understood, takes no account of the part played by revery in the development of the individual. Yet every day shows with greater clearness that the individual is determined to success or failure, to happiness or misery, far more by the reveries of infancy and adolescence than by any other factor in his educational career. Systems of education very generally neglect this important and fundamental fact. I remember a phrase in a Greek classic which describes the mental exaltation of a youthful revery. The literal translation is: 'I tread on air and gaze upon the sun.' What description could be finer? But the official school translation was, and is: 'My wits are woolgathering.' In that phrase you have expressed the whole attitude of the educational system to this most important psychological fact—the revery that does more to educate the individual than all the 'concentration' forced upon him by our social, professional, and commercial training. I hope that in the development of your activities, you will not hesitate to turn back to the educational system, when need arises—and that you will express with clearness and vigor your criticism of our present methods of training the young."

PSYCHIATRIC SECTION OF THE AMERICAN ASSOCIATION OF HOSPITAL SOCIAL WORKERS

Psychiatric social workers throughout the country have organized as a section of the American Association of Hospital Social Workers, to be called the Section on Psychiatric Social Work. This action, discussed and planned at the time of the National Conference of Social Work in Milwaukee, 1921, was put into effect during the 1922 conference at Providence, when the American Association of Hospital Social Workers at its annual meeting formally adopted the section. The active membership of this association includes any one who has been employed for a year in social work in a hospital or dispensary. As many psychiatric social workers are employed in clinics not connected with hospitals and dispensaries or in mental-hygiene societies, provision is made for admitting associate members of the association to active membership in the section, when they meet the section's membership requirements.

The requirements for active membership in the section are based upon training and experience; there are no associate members. Graduates of recognized training courses in psychiatric social work of not less than nine months' duration are eligible after they have held a position in psychiatric social work for one year; graduates of schools of social work who have not taken a special course are eligible after two years in a position in psychiatric social work; and persons who have not taken formal training, but who meet certain educational requirements, are eligible after four years of successful accomplishment in psychiatric social work.

The objects of the section are stated as (1) to promote association among psychiatric social workers and (2) to maintain standards in psychiatric social work. Various local groups that meet more or less informally are coöperating with the section. No local branches of the section, however, are being formed at present, as the emphasis is now upon uniting all eligible psychiatric social workers of the United States and Canada in one organization. News of the progress of the new section will appear in the association's bulletin, and meetings will be held when the association holds its annual meeting during the Conference of Social Work in Washington, May 16 to 23.

The term "psychiatric social worker" was first used about 1918 to indicate a social worker working in association with a psychiatrist in the study and care of persons who present psychiatric problems. Such problems may appear as mental disease, delinquency, antisocial behavior, or bad habits, and in so far as all social workers meet these problems, some knowledge of psychiatry is essential to all social casework. But there arose a need for a specially trained social worker, with a dominant interest in mental processes and mental hygiene, to work with the psychiatrist. In 1918, there were perhaps fifty social workers in the United States engaged in this field, who had received their preparation in various ways. During this year two special courses of training for psychiatric social work were started, one by the Smith College School of Social Work and the other by the New York School of Social Work. Previously the only systematic training offered for this special field had been an apprentice course given by the social service of the Boston Psychopathic Hospital. Since 1918, a number of courses have been offered in various places and others are under discussion. The demand for social workers in this field has been so great that many who were trained for other branches of social work have been drawn into it, sometimes with a short preliminary course of study or a short period of apprentice training and sometimes without even this slight preparation. In many places, particularly in connection with work for ex-service men, it has been necessary to use the services of persons who have some knowledge of mental disorders, but have had no training in social work. Because of this variety in personnel, there is considerable variation in the standards for psychiatric social work held by different persons, but in the main the standards set by the two schools of social work that first introduced this special training are being upheld and advanced. These schools require for admission a previous education of college rank and give a course of approximately two years, including practice in social case-work for at least nine months. A curriculum for a course in psychiatric social work is recommended in the report of the Committee on Training for Hospital Social Work of the American Hospital Association, which worked during the year 1921–1922 under the chairmanship of Michael M. Davis, Jr., upon an investigation of the subject of training for medical social work and psychiatric social work.

The officers of the new Section on Psychiatric Social Work of the American Association of Hospital Social Workers are as follows: Mary C. Jarrett, President, Boston; Mary Ferguson, Vice-president, Philadelphia; Maida H. Solomon, Secretary-Treasurer, Boston. Other members of the executive committee are: Marie Donohoe, Boston; Cornelia Hopkins, Chicago; Susie Lyons, Boston; Martha Strong, New York.

Inquiries of all kinds may be addressed to the secretary, Mrs. H. C. Solomon, 74 Fenwood Road, Boston, Massachusetts.

REPORT OF CONSULTANTS ON HOSPITALIZATION [1]

The report of the consultants appointed by the Secretary of the Treasury to advise him in providing the hospital facilities for disabled ex-service men authorized by Public Act 384 two years ago, when $18,600,000 was appropriated for this purpose, contains an interesting record of what has probably been the most extensive work undertaken in the field of hospitalization by the government in time of peace. This work represented the first constructive attempt to deal with a problem that has occupied the public attention conspicuously during the past three or four years and has by no means yet been solved. While the consultants deserve great credit for the accomplishment of a difficult task, their work is open to serious criticism in one respect. The needs of general medical, surgical, and tuberculous cases have been well met, except with reference to the geographic convenience of certain sites, but those of the mental and nervous cases have not received a proportionate amount of attention. A striking difference is shown by the report between the policy that inspired the work in behalf of ex-service men disabled by tuberculosis and that which governed provision for those suffering from mental and nervous diseases. The one has been characterized by adherence to the fundamental principle that disabled ex-soldiers should be cared for in special government-operated hospitals, while the other has reflected no such ideal. According to the latest report of the United States Veterans' Bureau, 43 per cent of the more than 9,000 neuropsychiatric patients under government supervision are still in "contract" institutions, while but 24 per cent of the 11,000 tuberculous patients are thus placed. In harmony with this policy of non-provision, the suggestion is made that the beds vacated in the National Soldiers' Homes for Disabled Volunteers by the death of Civil War veterans be utilized for mental patients as they become available in the future, but it has been pointed out by the experts who have testified at Congressional hearings and on other occasions that these patients require highly specialized care and that the mere existence of a number of beds without special equipment and trained personnel does not constitute adequate hospital provision. One hundred vacancies created in this way in a branch of the National Soldiers' Home would be about as valuable for one hundred mental patients as they would for the same number of babies so far as special facilities are concerned. The estimate, on page 34 of the consultants' report, of the number of neuropsychiatric patients who will require hospital care at the "peak of the load" differs from that of expert psychiatric opinion by

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[1] For a review of this report, see pages 412–17 of this issue of MENTAL HYGIENE.

3,000 to 4,000 beds. The ''peak'' has evidently been passed with regard to the tuberculous and general medical cases, but the weekly reports of the Veterans' Bureau point to a constantly increasing number of mental cases. The impression given by the consultants' report, and widely spread by newspaper abstracts, that there is danger of overhospitalization for mental patients is at variance with the facts. The fear is expressed that ''there will be a greater number of hospitals than can be utilized for the purpose for which they were built'', but this can hardly be applied to those that have not yet been built, but are still urgently needed for the mentally disabled and will be used for many years to come by the residual group of young and relatively able-bodied men who will make up the larger part of the burden of the ''peak of the load''. On the contrary, the long-continued nature of much mental illness makes it necessary to differentiate with regard to the problem of future use, which in this case is a very remote one, and emphasizes all the more the importance of providing government-operated hospitals. Failure to recognize this principle only results in greater hardships to the class of ex-service men which has already suffered most and can least afford to bear additional burdens.

A Comprehensive List of Scientific Periodicals

The Conjoint Board of Scientific Societies of Great Britain is preparing to issue a list of all scientific periodicals that contain the results of original research, together with information as to the libraries in Great Britain at which they may be consulted. No complete list has ever been made of these thousands of periodicals, written in many languages and printed all over the world. Many of them may never reach England, it is stated, and those that do are scattered in libraries here and there throughout the country. The trustees of the British Museum have allowed the staff of the keeper of printed books to undertake the preparation of the list, and material for it has been sent in by many libraries and scientific societies. It is hoped that it will be printed before the end of the year. Between 300 and 400 copies, at a price of $10 each, have already been subscribed for as a result of the preliminary announcement.

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MENTAL HYGIENE

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COLONY AND PAROLE CARE FOR DEPENDENTS AND DEFECTIVES

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READERS of MENTAL HYGIENE will perhaps remember an article in the issue of January 1920[1] that gave a short account of the colony and parole system at the Rome State School, together with some of its results since its inauguration in 1906. The success of this system—the fact that it is the most humane as well as the most economical yet devised for meeting the needs of mentally defective persons—has led the state of New York not only to continue the work, but to extend it rapidly. The state has further endorsed the system, lending it legal as well as financial support, by incorporating in the Mental Deficiency Act sections outlining the procedures to be observed in putting it into effect.[2]

There are at least two good reasons for the establishment of colonies in connection with schools for mentally defective persons. The first is the necessity of reaching as large a number of individuals as possible with the limited funds available; the second is the importance of rendering the enforced restriction of freedom and the social and economic limitations as little of a humiliation as possible.

It is now generally realized that the cost of institutional care for mentally defective individuals, who need continuous custodial supervision for long periods, is so high that only a small percentage of the total number of cases can be cared for in this way. Under the colony system, however, the earning power of the individual is utilized early in his training, so that he is able to contribute toward the expenses of his maintenance, often to the extent of becoming entirely self-supporting. As a result, much larger numbers can be provided for without any increase of expenditure on the part of the state.

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[1] *Colony and Extra-institutional Care for the Feebleminded.* By Charles Bernstein. MENTAL HYGIENE, Vol. 4, pp. 1–28.

[2] Section 17, Article 3, and Section 38, Article 4. See pp. 9–11 and 30–31 of *Laws Concerning Mental Deficiency.* Albany: New York State Commission for Mental Defectives, 1921.

Under the colony system, too, the extension of the work is not dependent upon the erection of expensive new buildings with the long, discouraging delays that they involve. Farms and houses suitable for colonies are always available for purchase—or for renting if the initial funds are small—and the work can be extended as rapidly as the need arises. Moreover, the small and varied units dealt with permit of the institution of a large variety of occupations, which can be adapted to the needs of local groups and communities and easily changed to meet changing conditions either in the group or in the community.

The humanitarian aspect of the work is no less important. If it is the duty of society to limit the sphere of activities of these mentally defective individuals, it is just as much a duty to spare them unnecessary humiliation and make their lives as normal and happy as possible. Under the colony system, with its small groups and its varied activities, we are able to consider each individual as a human being, to encourage his particular interests and to develop his particular abilities. Moreover, we are able to replace the humiliation and discouragement of dependency with the self-respect that accompanies self-support. It is our experience that the unit of from sixteen to twenty-four boys or girls, under the supervision of a man and his wife or a woman and her assistant, can easily earn enough not only to support the unit, but in prosperous times to have a little surplus for individual savings. Instead of handing out alms, we are supervising self-support and instructing our patients not only in hygiene and in the formation of the necessary inhibitions, but in habits of industry and thrift and honorable independence, the sheet anchors of moral prophylaxis. We are preparing for parole and discharge hopeful, self-respecting, useful human beings instead of forlorn, discouraged dependents.

The colony and parole work at Rome State School was begun in 1906 with a colony of eight boys. At the present time we are caring for 40 per cent of the total enrolled population of the school—over one-half of the total adult population—outside the institution, as follows:

	Boys	*Girls*	*Total*
In colonies	376	326	702
On parole at home	155	63	218
On parole working	87	85	172
	618	474	1,092
Total population	1,716	968	2,684

During the year 1922, we carried through our colonies 690 boys (302 in colonies at the beginning of the year, and 388 placed in colonies during the year) and 710 girls[1] (200 in colonies at the beginning of the year and 510 placed during the year) a total of 1,400, of whom nearly one-third were passed along to parole and discharge. One hundred and fourteen boys and 61 girls were discharged after a period of colony care and training and a sufficient length of time on parole to prove themselves trustworthy.[2]

Five additional colonies were opened during the last year—the Rogers and Verona farm colonies and the Hinckley industrial colony for boys and the Frankfort and Gloversville colonies for girls at domestic work—thus bringing the total number of colonies up to 32, scattered about pretty generally throughout the state. These new colonies provided 128 additional beds, which relieved the overcrowding at the school and made room for some new admissions.

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[1] We prefer to call our patients boys and girls, even though they are adults in years and stature, as they are much more easily managed if they regard themselves as children.

[2] Even after full discharge, however, a general follow-up supervision is maintained for as long a period as conditions seem to warrant. In a few cases, of course, individuals have to be returned to the colony or to a parole status, or even to the parent institutions, though this is not often necessary.

Boys' Colonies

The following is a list of our boys' colonies on January 1, 1923:

Boys' colonies	*Opened*	*Acres*	*Number of beds*		*Cost*
1. Brush	1906	187	20	Purchased	$10,000
2. Bailey	1908	15	20	Purchased	5,000
3. Rathbun	1910	300	24	Rented	1,000
4. Lamphere	1912	50	30	Purchased	5,000
5. Indian Lake (Closed 1918)	1915	150	20	Loaned by state.	
6. Stook	1915	270	20	Rented	1,100
7. Talcott	1916	200	24	Rented	1,000
8. Kossuth	1917	Industrial	32	Rented	900
9. Akron (Closed 1919)	1917	60	40	Rented	700
10. Dewey	1918	90	20	Rented	600
11. Lawrence	1918	1,350	36	Rented	1,000
12. Spencer	1920	100	16	Rented	600
13. Valatie	1920	394	60	Donated.	
14. Delta (Closed 1920)	1920	Industrial	20	Donated.	
15. Smith	1920	123	24	Rented	1,200
16. Jay Street (Closed 1921)	1920	Industrial	16	Rented	600
17. Wright	1921	20	16	Rented	600
18. Hamil *	1921	40	28	Rented	800
19. Ayres	1921	40	18	Rented	300
20. Beck	1921	78	20	Rented	800
21. Rogers	1922	140	20	Rented	600
22. Hinckley	1922	Industrial	20	Rented	480
23. Verona	1922	75	20	Rented	800

Our farm colonies have a threefold purpose: they make available more bed space at the school for cases that need institutional care; they give the better type of patients a more normal, wholesome environment than that offered by the institution; and they pave the way for parole.

Farms of from 50 to 200 acres, with buildings to accommodate from 16 to 24 boys and a farmer and his wife, can be rented for from $600 to $1,200 a year—less than the interest on the money that would be required were equal bed space to be provided through new construction, at a cost of approximately $1,000 a bed. Moreover, the farm and garden products raised by the boys greatly reduce the maintenance costs of the colony.

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* This colony is listed among our girls' colonies also, as the house, which is located near the school, is used to accommodate some of the smaller girls, in order to relieve overcrowding in the girls' department, while the land is worked by a gang of boys.

Very little alteration is necessary on the buildings of these rented farms to adapt them for colony use. A simple bathroom can be installed by connecting a pump in the cellar or a windmill with the well or spring and a tank in the attic. The latter can be cheaply and easily constructed out of five or six molasses barrels connected in series. Incidentally, the job of pumping the water into the tank can sometimes be imposed as a mild form of discipline.

We have found that boys can be trained in manual and industrial work to much better purpose in our farm colonies, where everything is on a small scale, than when they are handled in large numbers at the institution. In the colonies they not only learn to do farm work by hand and thus prepare for parole later to small farms where machinery is little used—and where, by the way, they find the best homes—but they become accustomed to country life and learn to like it, so that when they are paroled to outside farmers, they do not become lonesome and discontented as they frequently did when they were paroled direct from the institution.

Under the supervision of a man and his wife, the colony boys do all the work of the farm. In addition, they are allowed time to assist neighboring farmers at from $.15 to $.25 an hour, and in this way earn spending money and money for their clothes and for their savings-bank accounts. Each boy has his own bank account.[1] This extra work helps to get the boys ready for parole to outside farmers. Seventy-six boys were sent out on parole in this way between April and October of last year, earning $7,542.82 of which $3,966.47 was used for their current expenses and $3,576.35 was sent in to us and placed in the savings bank to the credit of the individual boys. Farm labor was scarce last summer and our boys proved most helpful to the farmers to whom they were paroled.

During the whole year, colony-trained boys were passed along on parole to 151 farmers, scattered about in 48 towns and 8 counties—Oneida, Oswego, Lewis, Montgomery, Otsego, Madison, Onondaga, and Columbia.

The following table gives the earnings and operating costs during the year 1922 of the ten rented farm colonies that are run independently of the institution farm. The others are located near the central or main farm and are treated financially as a part of that farm.

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[1] These accounts are held jointly with the school to safeguard them from scheming relatives or others who may try to secure possession or expenditure of the money.

Colony	*Acres*	*Beds*	*Earnings*	*Rent*	*Salaries*	*Supplies*	*Total costs*
Rathbun ...	300	24	$3,008	$1,000	$1,200	$1,615	$3,815
Stook	270	20	4,293	1,100	1,200	1,650	3,950
Talcott	200	24	4,256	1,000	1,200	1,863	4,063
Lawrence ...	1,350	36	6,180	1,000	1,200	2,432	4,632
Smith	123	24	3,939	1,200	1,200	1,921	4,321
Ayres	40	18	1,200	300	1,200	1,485	2,985
Wright	16	18	1,917	600	1,000	1,492	3,092
Beck	90	20	853	800	1,000	1,524	3,324
Hamil	40	28	2,431	800	480	2,132	3,412
Rogers	140	20	1,228	600	720	1,426	2,746
	2,569	232	$29,305	$8,400	$10,400	$17,540	$36,340

This statement shows that the total earnings of the ten farms came to about 80 per cent of the total costs, including rentals, salaries, and maintenance of the 232 boys accommodated. To build for the same number of persons, at $1,000 a bed—a conservative estimate—the state would have to spend $232,000, a sum that represents an annual interest charge of about $11,600, or over $3,000 more than the present rental charges. Salaries would have been the same whether the boys were cared for at the institution or in colonies. And the state would have had to bear the whole cost of maintenance had the boys been kept at the institution. As it is, the earnings of these 232 boys covered the entire cost of their housing and a large part of the cost of their maintenance.

It is true that this is not as good a showing as we were able to make with our colonies when they were first started. During the period from 1906 to 1914, the colony earnings were in excess of the cost of operation, including salaries and 5 per cent on the overhead investment. The poorer showing at present is largely due to the decline in value of farm products as compared with living costs in general. Many of our later farms, too, were very much run down and it takes several years to get the land into good condition and establish the proper crop rotation. The fact remains, however, that the boys in the colonies are maintained at much less cost to the state than if they were cared for in the large group at the institution.

But the financial saving is not the primary consideration in our farm-colony work. Much more important, in our opinion, is the fact that the colony boys are living happy, wholesome, normal lives and are receiving a kind of training much better calculated to fit them for useful and successful careers than the training they would get at the institution.

The following account of a visit to some of our colony-trained boys who have been placed on parole with outside farmers may be of interest. It is taken from a recent study by Mr. Stanley P. Davies, Executive Secretary of the Committee on Mental Hygiene of the New York State Charities Aid Association.[1]

''Starting out from the Rome institution one morning to visit colonies at Hamilton and Oriskany Falls, some twenty miles distant, the writer, with the special parole agent for the boys, visited the boys who happened to be working for farmers along the roads traversed. Entirely unselected instances as they were, the interviews with the boys and the farmers were indicative of the situation generally. At the first place we found the boy, a youth of about eighteen with a mental age of 9, turning to and helping the 'Mrs.' with the washing. The farmer was away. The woman said he was a willing helper. He ordinarily worked on the farm, but assisted with the heavy work about the house, too. We asked permission to speak with the boy alone. We talked to him confidentially and he apparently was entirely frank with us. 'Would you like to go on a better farm?' we asked, a question which usually draws out from a boy any sign of discontentment or dissatisfaction with his present place. The boy spoke in a very clear and straightforward manner. He couldn't think of leaving here now. It was a small farm and some day he might like to go on a bigger one. 'But, you see, the man isn't very well and he couldn't get along without me right now. I do most of the work running the farm. He just tells me what to do. No, I've got to run this place. I wouldn't want to leave.' Asked what he did for a good time, the boy said: 'Oh, I like it here. We get to bed early and up early in the morning and there is plenty of work. They treat me fine and I don't get lonesome.' The boy's good sense and his feeling of loyalty and responsibility to the farm and the farmer were to the writer at the time quite unexpected findings.

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[1] *Social Control of the Feebleminded*, by Stanley P. Davies. New York: The National Committee for Mental Hygiene, 1923. Pp. 127–129.

"At the next place, we found the boy working for a family that conducted a country boarding place in a little cross-roads hamlet. When they had taken the boy, these people had been on a farm, but had within a few months opened the boarding house. The boy here was twenty-four years old with a mental age of 8. He was of the backward, reticent type, and had some speech difficulty. The boy had some outside chores such as caring for the chickens and working in the garden. Most of the time, however, he helped the 'lady' with the housework. The woman spoke highly of the boy; said she liked him and that they had in every way tried to make him feel that he was a member of the family. He was a 'good' boy, could work well, and was entirely trustworthy. Since they moved in from the farm, however, she had been having considerable difficulty from time to time to get the boy to stick to the housework, and occasionally he had refused to mind. She had just had a little argument with him that morning about doing some work in the kitchen. The boy was present during this conversation and when asked to speak, he slowly gave us his side of it. He hated housework; didn't like to fool around with things in the kitchen. He wished he was back on the farm. He liked 'the heaviest kind of work', but not housework. He was willing to stay here as long as the 'Doctor' (the Superintendent, Dr. Bernstein) thought he ought to, but he would like to be on a farm. He said there was 'too much just standing around' about his present job. The woman verified this feeling on the part of the boy. She said he disappeared early one afternoon, and when he did not return by the time of the evening meal, they started a search. They discovered him on a nearby farm, having his meal with the 'help'. The boy had gone out for an afternoon's good time and had accordingly volunteered his services in helping to pitch hay all the afternoon. The boy's desire for more hard work was duly reported to the institution so that he might be given an opportunity for full self-expression on a farm.

''At the next stop we saw the farmer, but not the boy. The farmer explained that the boy in question had been with him three years. He was greatly pleased with his work and he had been a big help on the place. The boy needed direction, but once told what to do, he went ahead and did it. He stuck to business and was steady and reliable. One morning recently the boy did not appear for breakfast at the regular time and it was found that he had quietly left with all his belongings. There had been no difficulty with the farmer. In fact, the farmer said he was not altogether surprised. The boy had intimated more than once that he thought he ought to get out and make his own way in the world. And the farmer, although he was not a party to the boy's running away, said he did not blame him a bit. He wished the boy every success and he believed, with the excellent qualities he had shown on the farm, he would find it. In such a case as this the institution would make every endeavor to locate the boy, but if it found him well employed, in a good living place, and surrounded by proper influences, would not force him to go back, but would either continue his parole in the new place or discharge him and let him try it on his own. Even if discharged, however, the institution would endeavor to keep in touch with him and his friends to see that all went well.

''One other farm was visited. Here the farmer and the boy were interviewed separately. The farmer said the boy had proved himself entirely satisfactory in every respect but one. He lied habitually. The boy had been here two years and apparently the farmer took a great interest in him. The lying did not seem to interfere with the boy's usefulness and the farmer's concern about it was from the standpoint of the boy himself. The boy came in from the fields to see us. We spoke to him about his biggest fault. The boy said he realized the lying was a bad thing and that he wanted to get over it. He said he knew he would have to make good here before he could be sent home and that he was trying hard to learn how to tell the truth. He did not want to go to any other farm, he said, but wanted to stay right here until he had done so well that the 'Doctor' would be willing to send him home. He said his brother was running a farm on Long Island and he wanted to go to work for him.

"At this last farm, we happened to meet the family physician on his rounds and stopped to chat with him. A physician modern in training and bearing, driving an up-to-the-minute motor car, his practice is that of the country doctor and covers most of the farming section through which we had passed. Many of the families he visited had employed boys from Rome year after year. What impression did he get, we asked, of these boys and the whole parole plan? The doctor replied that so far as he could ascertain the system worked out unusually well. He had found in most places the best of feeling between the farmer and the farmer's family and the boy. The boys themselves had done very well. They were a great help on the farms and he found the farmers glad to get their services. The boys had also conducted themselves in splendid fashion and he had heard of no serious difficulty on the behavior side. He believed it was a plan that should be further continued and extended. It was evident that he spoke not only from a knowledge of the work, but from a keen interest in it, and that his observation, therefore, had been as close as his opinion was frank."

The farm colonies are the most important feature of our colony work with boys, but we have two industrial colonies—the Kossuth and the recently opened Hinckley—which serve as an outlet from the school for boys who do not take to farm life and still are not sufficiently trained and trustworthy to be freed entirely from the support and supervision of the school. Many of these boys, after a year or two of colony training, become economically efficient and socially trustworthy, so that they can be allowed independent existence with relatives or friends if home conditions are favorable. The boys in these industrial colonies are employed at various kinds of jobs, such as janitor work in stores, operating elevators, delivering goods, caring for lawns and furnaces, shoveling snow, repairing bicycles, and so forth. From the financial point of view, the Kossuth has been one of our most successful colonies. Its earning and operating expenses for the year 1922 were as follows:

Rent	$1,380.00
Salaries	1,568.00
Supplies	5,638.00
Furnishings	362.00
Total cost	$8,948.00
Earnings	$9,739.00

But here again financial success is of less importance in our eyes than the benefit to the individual boys—the training that they are getting in habits of industry and thrift, in self-respect and self-confidence.

The Hinckley Colony is a branch of the Kossuth and is managed as part of that colony, just as the Robinson Girls' Colony is managed as a part of the Parry.

Girls’ Colonies

The list of our girls' colonies on January 1, 1923, was as follows:

Girls' colonies	*Opened*	*Kind of colony*	*Number of beds*	*Cost*	
1. Evans (Closed 1919)	1914	Domestic	14	Rented	$420
2. Mason	1916	Domestic	18	Rented	600
3. Staten Island (Closed 1918)	1917	Domestic	10	Rented	480
4. Parry	1917	Domestic	18	Rented	480
5. Oriskany Falls	1917	Mill	24	Rented	480
6. East Aurora No. 1 (Closed 1921)	1918	Domestic	20	Rented	480
7. Syracuse No. 1 (Closed 1922)	1918	Domestic	60	Rented	1,200
8. Robinson	1918	Domestic	18	Rented	600
9. Richfield Springs	1919	Mill	40	Rented	480
10. Hamilton	1919	Domestic	24	Rented	720
11. Isaac Hopper Home	1919	Domestic	20	Donated.	
12. East Aurora No. 2 (Closed 1921)	1920	Domestic	20	Rented	900
13. Lake	1921	Domestic	20	Purchased	2,100
14. East Aurora No. 3	1921	Domestic	60	Rented	1,500
15. Clayville	1921	Mill	40	Rented	720
16. Hamil	1922	Domestic	24	Rented	800
17. Frankfort	1922	Domestic	40	Rented	800
18. Syracuse No. 2	1922	Domestic	40	Rented	1,200
19. Gloversville	1922	Domestic	32	Rented	800

In the girls' colonies the usual proportion of one employee to each ten inmates is greatly reduced, as we have but one matron to each of the smaller colonies, in which less than 20 girls are cared for, and only two employees in the large colonies of from 24 to 48 girls. There are in addition a general supervisor of girls' colonies, a colony bookkeeper on half time, and a woman who substitutes for the workers in the various colonies who are taking time off. Each of the mill colonies is in charge of a man and his wife.

Each of the colonies for girls at domestic work really cares for and supervises a larger number of girls than the bed capacity of the colony indicates, as the more trustworthy girls, after a few weeks or months at the colony, are allowed to sleep at the homes in which they are employed. They must, however, report to the home colony at stated intervals, and are included in the colony's social diversions—that is, the colony house serves as a home and a social center for all.

The girls at first received $.50 a day for their work and were given $.25 a week spending money and $.50 a week for the savings bank. They are now receiving $1.25 a day or $3.50 by the week and are allowed $.50 a week for spending money. The remainder of the earnings for each colony is placed in the general colony fund from which supplies, clothing, and so forth, are purchased, each girl being charged with her personal clothing and the like. A separate account is kept for each individual girl.

The table below gives the latest available figures—those for the year ending June 30, 1922—as to earnings and operating expenses of our girls' colonies:

Colony	*Beds*	*Earnings*	*Rent*	*Salaries*	*Supplies*	*Furnishings*	*Total costs*
Rome Group .... (Parry and Robinson)	54	$9,382	$1,080	$2,666	$7,021	259	$11,026
Oriskany Falls...	24	4,224	480	724	4,331	151	5,686
East Aurora.....	60	10,057	1,500	1,540	8,972	432	12,444
Syracuse	40	8,128	1,200	1,775	9,300	86	12,361
Hamilton	24	3,219	720	1,080	4,344	72	6,216
Richfield Springs.	40	12,919	480	1,395	8,154	2,104	12,133
Clayville	40	6,822	720	1,136	6,146	1,470	9,472
	282	$54,751	$6,180	$10,316	$48,268	$4,574	$69,338

Six of the girls' colonies are not included in this statement. The Hamil and the Mason are junior colonies for girls in training and have no earnings, except that a number of boys connected with the Ayres Colony work the land connected with the Hamil, so that it shows earnings as a farm colony. The Frankfort is used principally as a residence colony for older trusty women, to relieve overcrowding at the school. It has little earning capacity and, therefore, is not included in the financial report. The Isaac Hopper Home in New York City is not a colony in the sense of a working girls' home, but rather a parole center through which the girls who are going to parole in New York City can be placed and supervised. The Lake Colony, on Lake Oneida, is a recreation home, open only during the summer, and the Gloversville is as yet only partially organized.

The colonies of the Rome group—the Parry, Mason, and Robinson—do not come as near to meeting expenses as some of the other colonies for two reasons. The first is that they are located nearest the school and serve as the first stepping-stones to other colonies or to parole. The girls, therefore, are not so well trained as in some of the other colonies and their earning capacity is less. Moreover, these colonies have to bear the expense of the first complete outfit of civilian clothing for each new girl who leaves for another colony or for parole. We are greatly limited in the state appropriations for clothing, other than the ordinary institution clothing, which is scarcely sufficient or suitable for a girl living outside the institution. The second reason for the poorer financial showing of these colonies is that they are caring at the Mason Colony for a group of from 16 to 20 younger girls, from twelve to sixteen years old, partially at the expense of the older girls.

The girls at Oriskany Falls had only part-time work during six months of the year, which considerably reduced their earnings. In other years they have much more than covered their expenses.

Of the $54,751.00 earned by these colonies, $17,432.97 was used by the girls for personal expenses, savings, and so forth. This money represents something of what colony life really means to the girls. It stands for privileges and comforts, such as free spending money, better clothes, savings in the bank. But even if the girls received no pay for their work other than their board and the privilege of living in a normal home for a year or two, they would be well repaid. Many of them, it should be remembered, failed because of bad home environment and training and knew nothing of normal family life.

The attitude of the community toward our girl colonies is well brought out by Mr. Davies in the study already quoted.[1] He reports as follows:

"In the fall of 1922, the writer visited East Aurora for the purpose not only of seeing the colony itself, but of gaining the opinion of representative people in the community concerning it. The cashier of the largest local bank, who was also the supervisor of the township, was interviewed. He is a man whose activities have brought him into close contact with the people of the community. At the same time, he has taken a close interest from the first in the affairs of the colony. Asked whether the people of the community resented the presence of such a large group of feebleminded girls in their midst or regarded the colony inmates as a social menace to the younger people of the town, this bank official replied that, on the contrary, there had been practically no criticism during the three years on any score, concerning the colony or its inmates. The residents of the town had come to have great confidence in and respect for the matron of the colony, and knew from experience that under her guidance and direction the colony girls conducted themselves in an exemplary manner. He said that the town justly took pride in the colony and felt that it was in every sense a credit to the community. He had one of his clerks show me the considerable pile of bank books which represented the personal savings accounts of these colony girls. There were 48 individual accounts with an average of $34.63 to the personal credit of the girls. The largest individual account was $114.38; the lowest, $5.

"The writer interviewed also the leading real-estate operator of the town. From the real-estate point of view, the best prospects in East Aurora are the commuters who work in Buffalo. Asked whether the presence of the colony helped or hindered in selling real estate, this operator said it was a distinct asset. There was nothing about the colony or its members to make it an undesirable neighbor, even to those who live close by; on the other hand, the fact that such competent help could be obtained at reasonable rates through the colony had served in many instances as an actual inducement to people to locate there. From a purely business standpoint, therefore, the real estate man was 'for the colony'.

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[1] *Social Control of the Feebleminded,* pp. 146–148.

"Another leading citizen who was interviewed was the head of the Roycroft organization. He had nothing but praise for the colony. Although the colony house was built as a part of the Roycroft plant and is situated within a stone's throw of the famous Inn and the Roycroft shops, 'the way in which its affairs were conducted', said this head of the Roycrofters, 'made it a desirable addition to that section of the town'. The wife of one of the ministers of East Aurora said that the colony girls are not noticed on the street or annoyed more often than girls from the best families.

"So far as can be ascertained from careful inquiry, all of the domestic colonies stand well in their respective communities. They occupy good houses in the better residential section. There are usually close neighbors. If at first the rumor that a house is to be occupied for such a purpose causes some misgivings in the neighborhood, that feeling is quickly dispelled when the colony begins to operate and it is seen how quiet and orderly the household proves to be. The next-door neighbor of the Syracuse Colony spoke highly of the quietness and orderliness of the colony girls. The neighbor of the Mason Colony in Rome said that the neighbors should send their children to the colony house for the right sort of training. If the house is somewhat run down before, it now takes on a trim and tidy appearance that would please the most fastidious, for the girls are taught to practice their good housekeeping at home and are encouraged to make the colony house as attractive as possible. In this respect the other colonies have somewhat an advantage over the East Aurora Colony since they occupy ordinary family dwellings.

"While in the colony house, the girls are, of course, under the direct supervision of the matron. They do not go out alone in the evening or at any time unchaperoned except when going to and from their places of employment. The girls realize that they are on their good behavior and are particularly instructed as to the necessity of careful conduct on the street.

They know that a misstep in the way of flirtation means being returned to the institution. In observing the colonies at first hand, one is impressed strongly by the fact that many of the girls who have formerly been delinquent have become considerably sobered by their past experiences and are now extremely anxious to go right and make good. They, therefore, give one the impression that they are in the colony with the most earnest intention of proving their ability to live outside the institution. One of the prominent women of East Aurora, whom the writer interviewed, and who has employed colony girls in her home for several years, said that she felt that the difficult lives these girls had had to lead had done much to sober them and to make them the steady, reliable workers that most of them are. Without being questioned on that point, she offered the information that in all the time she had employed colony girls, she had never had anything stolen. She also said that it had been her experience that it was necessary to use only those precautions in protecting these girls that one would wish to use with one's own daughters.

''Girls newly received in the colony who have irresponsible tendencies are carefully guarded. If such a girl is to go unescorted from the colony house to the place where she works, the colony matron advises her employer over the telephone at what time she is leaving and at what time she should arrive. The employer immediately reports to the matron if the girl does not arrive on time. In the same way the girl's return in the evening is checked up. During the day while at work, the employer must keep these girls under careful supervision and is responsible for their good behavior. Girls are permitted to be employed only in those homes where the influences are right and proper supervision is maintained.''

He gives an equally good report of the industrial colonies[1]:

''The industrial colony'', he writes, ''has proved to be the making of many a girl who has failed in the domestic colony. In the industrial colony, the girls not only live in a group, but work in a group. Under supervision they can go to work in a group and return in a group. Their amusements can be

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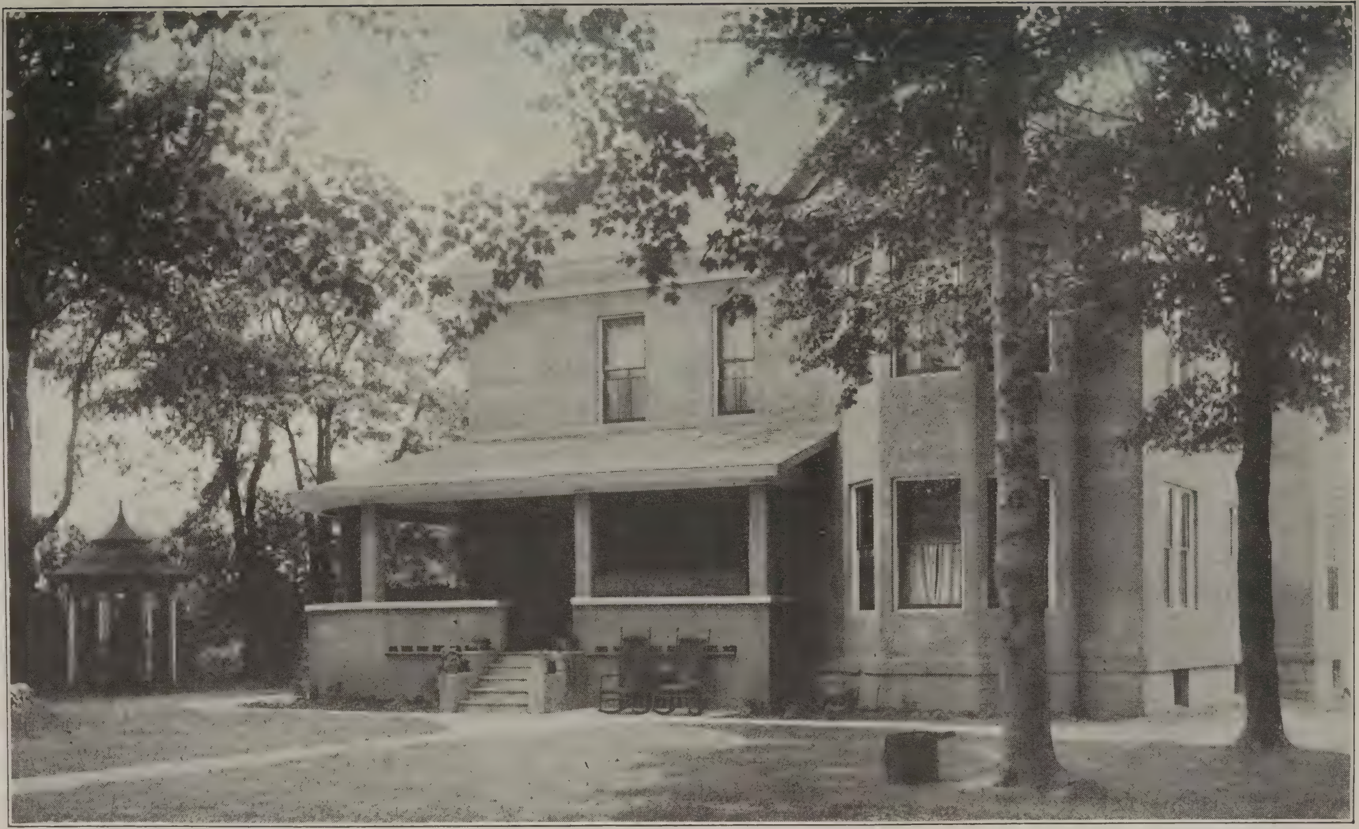
[1] *Social Control of the Feebleminded*, pp. 157–158.

Eighth boys' colony — the Kossuth. Located in Rome.

A closer view of the boys of the Kossuth Colony, with man and wife in charge.



Ninth girls' colony — Richfield Springs. For girls in mill work.

Girls in the colony at Richfield Springs.

Thirteenth girls' colony — a vacation colony at Sylvan Beach.

Fifteenth girls' colony — the Clayville. For girls at work in the knitting mill.

Seventeenth girls' colony — the Frankfort. For girls in domestic work.

Nurses' Training Class. This work was organized in October, 1922, to encourage our best and brightest girls to take up special lines of training. The most trusted and best equipped girls from colonies and parole are encouraged to return to the institution and take up this training in the school's general hospital. This hospital of 40 beds carries on surgical work and maternity work, caring for from 32 to 40 babies and little children. There is also a department for from 40 to 60 paralyzed children. These girls get a year's training in nursing, fitting them to go out into the world to assist in the care of children, the chronically ill, paralytics, and so forth.

planned in the same way. The girls who need it, therefore, can have strict supervision in the mill colony. It happens that many, though by no means all, of the mill-colony girls, have been of the trouble-making type. 'What is the use', it may be asked, 'of colonizing girls who are bound to fall into difficulties as soon as supervision is relaxed?' To that question the answer, aside from the matter of economic saving to the state, lies in the still virgin field of personality adjustment. Empirically, however, it has been demonstrated in the colony work that once a girl successfully falls into the colony régime, she is likely to become stabilized by it. Give a troublesome girl of this type good home training such as the colony offers, kindly oversight, companionship with her peers, close supervision to keep temptation away; put her at a job that demands her steady attention eight hours a day; let her begin to feel her productive potentialities by a record of good, steady weekly earnings; have her open a personal savings account and buy some nice clothes with her own earned money; see that she sticks faithfully at it for six months, a year, or two years, and an entirely changed girl is likely to result. From such a régime faithfully followed, self-esteem and the desire for the esteem of others are apt to replace former motives. Such results have not been infrequent occurrences with the delinquent girls who have been sent to the mill colonies. The personality of many has seemed to be completely transformed. Girls who have formerly been great problems have come to be trustworthy, hard-working, and dependable. With so many of these girls nothing succeeds like success and the secret of making a socially acceptable person of a socially unacceptable one often lies in trying the girl time and time again until she finds the colony in which she seems to be able to adapt herself and can remain long enough to make good and to have inculcated into her the habits of life which the colony teaches. . . .

"At Oriskany Falls, the original mill colony, at the time of the writer's visit there, the work in the mill was very slack and many hands had been laid off. Only four working girls remained in the colony, the others having been transferred temporarily to the institution or to other colonies to await the resumption of mill activities. The colony house was occupied principally by a group of younger girls from seven to twelve who were enjoying the change from institutional life during the summer.

"The mill where the girls were employed was visited, however, and the assistant superintendent who had immediate charge of the section in which the colony girls worked was interviewed. This assistant superintendent was familiar with the work which the colony girls had done from their first employment in this mill in 1917, and he was glad to answer questions about them. We suggested that of course the colony girls had been the first to be laid off when work became slack. No, he told us, the fact was many others had been let go before any of the colony girls were given notice. Among the comparatively few workers who had been retained, four were colony girls. He showed us these girls at their work. They would certainly not have been picked out without his assistance. Three were inspecting the finished garments, one was running a sewing machine. Naturally, we said, the colony girls only did the simpler kinds of work. No, he replied, while the majority did inspecting, various colony girls had successfully performed every operation in this part of the mill. The colony girl who was working on the sewing machine was one of his best operators, he said. Comparing the run of colony girls with normal girls, and judging by the piecework earnings, quality of work, etc., how efficient, we asked, were the colony girls? At least 75 per cent efficient on the average, he said, and more so in many cases. We intimated that naturally he had to make some allowances for the colony girls, that because of temperament, indisposition, misconduct, or what not, they were more likely to be irregular in their attendance, late in arrival, needing time off, etc. Our other questions had brought a slight smile from this quite reticent man; this brought a very broad smile and a less laconic answer than usual. That idea was all wrong, he said. You could set the time clock by the colony girls. They were there on the dot and they stuck until the whistle blew. They could be depended upon much more than the girls from town. During the working hours, moreover, the colony girls had their minds on their work and did not indulge in as much gossip and daydreaming as some of their normal sisters. Would the mill want the full quota of colony girls back as soon as orders permitted full operation? Among the first, was his answer.

"This was the opinion of a mill man whose prime interest was very apparently in production. It may, therefore, be taken as an impartial economic opinion of the girls' usefulness and characteristics. Without doubt, considerable credit for the faithful attendance and close application to work of the colony girls is due to the colony régime and discipline. Without doubt, credit also goes to those well-known traits of the 'good' type of the feebleminded, loyalty, faithfulness, and perseverance.

"In the industrial colony, the girls compete on an even footing with regular labor; that is, they do the same kind of work, have the same hours, work side by side with regular workers, and receive the same piecework rate of pay. If the feebleminded girl is as proficient as the normal girl working beside her, she receives the same amount in her pay envelope at the end of the week."

Paroles

We have many requests for additional colonies, from various parts of the state, especially for domestic and farm colonies. There is also a much greater demand for paroled boys and girls than we can supply. We placed on parole last year 235 boys and 131 girls, a total of 366, while we could have placed 600, all in good homes, had enough trained individuals been available. As it was, 137 families were assisted by the services of our girls on parole or on discharge during the year. Our paroled girls earned $8,203.16, of which $3,037.41 is deposited in savings banks to the credit of the individual girls.[1] I want to emphasize again, however, that it is not the earnings of these boys and girls that we consider important, but rather the opportunity to live a normal family life and to indulge in normal social activities.

Altogether, there were 399 boys and 283 girls on parole last year, counting those on parole at the beginning of the year and the 366 who were paroled during the year. Of the latter, 117 boys and 47 girls were paroled to relatives. It often happens that relatives are able to offer better home conditions than they could before the child's removal to the school, so that a return to the home does not mean exposure to the old unfavorable environment. For instance, a widow may remarry and thus no longer be compelled to leave the house during the day to earn a living, or a brother or sister may marry and have a good home to offer. In some cases, other relatives who are reliable—an aunt or an uncle, for example—may be willing to take a boy or girl who has been trained to be useful. Frequently, too, relatives or friends who hesitate or refuse to take even a trained child to live with them, for fear that he will prove incapable of self-support or will drift into delinquency or crime, are glad to offer a home to him after he has been tried out through colony life and parole and has proven himself trustworthy and capable.

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[1] We have found that boys on parole are able to save about one-half their earnings, and girls only about one-fourth. There seems to be a greater tendency to "doll up" among the girls than among the boys.

Often an opportunity to place girls on parole through the Isaac Hopper Home, 110 Second Avenue, New York City, makes it possible to get them back in touch with their families and relatives under better conditions than prevailed before they left home. This, of course, is the ideal way to rehabilitate a girl. When bad home conditions exist, however, it is much better to parole her a long distance from her home and from the environment in which she failed before.

The Isaac Hopper Home has been renovated and repaired and greatly improved during the past year and we hope to send a larger number of girls there than ever before. Older women, of the delinquent and criminal class, are no longer accepted there, so that our younger, more promising girls will not be thrown in contact with hardened criminals.

Since May 1919, we have paroled 78 girls to the Home. Seventeen are still in training there, 17 have been returned to the school, 1 has been sent to another institution, and the whereabouts of 3 are at present unknown. The remaining 40 have gone out on parole through the Home, securing good places in which to live and work; and of this number 14 have renewed contact with their families and established themselves in homes with relatives.

As a result of our colony and parole system it has been possible for us to admit 257 patients from other institutions during the year, in many cases granting them also the privileges of colony life and parole. These admissions have been as follows:

MALE ADMISSIONS FROM OTHER INSTITUTIONS DURING THE YEAR

Institution	*Number admitted*	*Still in school*	*In colonies*	*Paroled*	*Transferred to Napanoch*	*Died or discharged*
Randall's Island ..	101	46	31	4	12	8
Syracuse	83	57	16	2	4	4
Letchworth Village.	1	1	0	0	0	0
Craig Colony......	1	1	0	0	0	0
Total..........	186	105	47	6	16	12

FEMALE ADMISSIONS FROM OTHER INSTITUTIONS DURING YEAR

Institution	*Number admitted*	*Still in school*	*In colonies*	*Paroled*	*Paroled to Isaac Hopper Home*	*Died or discharged*
Newark	26	2	9	1	12	2
Hudson	15	4	7	1	0	3
Albion	17	6	1	3	3	4
Syracuse	12	8	3	1	0	0
Randall's Island ..	1	1	0	0	0	0
Total.........	71	21	20	6	15	9

Many of these patients really occupied beds here for a very short time and are now self-supporting in colonies or on parole.

Conclusion

Over one-third of our total population of 2,648 is provided for in colonies and on parole outside the central institution, at a tremendous saving to the state in costs of housing and maintenance and to the real benefit of the community, supplying labor that would otherwise be unavailable. And more important still is the moral benefit, not only to the individual, but to the school as well. The whole character of the school has changed as a result of our colony and parole policy. Our former policy of custody for life for as many cases as possible inevitably had a depressing, disheartening effect upon our patients, resulting in an atmosphere of hopelessness and listlessness that had its effect in turn upon employees and officers. An entirely different attitude of hopefulness and cheerfulness has been brought about in both patients and employees by the knowledge that a chance to return to the community through colony life and parole is open to all, with the exception of cases of extremely low-grade intelligence and depraved and chronic delinquents.

We are more firmly than ever of the opinion that from one-third to one-half of all the mentally defective persons who need state care can be provided for under a reasonable system of colony and parole care and supervision. As we see the situation in most large institutions, the daily routine work of the institution is not sufficient to provide adequate employment for the patients. Many of them will always be found sitting around inactive and listless and so gradually deteriorating, while many others will be greatly disturbed and troublesome, their unused energy going to waste or seeking an outlet in destructiveness. We are convinced, as a result of seventeen years of experience, that this energy can be turned into useful channels. Boys and girls who are capable of becoming self-supporting even to the extent of paying for their own supervision should not be deprived of the right to exercise their capacities, nor should the community be deprived of their services. In our opinion, no large institution for mentally defective persons that does not institute a policy of parole and discharge for favorable cases is doing its full duty by its patients, the state, and the public; and no such policy can be made as widely applicable and as successful as it should be without a system of colony supervision during the rehabilitation period for individuals who have no suitable home and no relatives who can be depended upon to befriend and supervise them.

In a recent review of the work carried on at the great colony of Gheel in Belgium, the very significant statement occurs that "daily experiences at the colony demonstrate that many cases who are dangerous in the home life of their own family are absolutely calm and orderly at the colony". Here is further proof, if such proof is necessary, that what many of these social misfits and mentally disturbed patients need is not lock-ups and custodial institutions and prisons—or even hospitals, except temporarily for purposes of classification and for treatment when acutely ill—but rather a change of environment. They need, not the restraining influence of high walls and iron enclosures and guards, but rather the sustaining, diverting, and comforting influence of a simple, comfortable home—in charge of a house mother with sympathy and insight bred of experience—where their energies can find an outlet in useful, healthful work suited to their capacities.

DELINQUENCY AND THE EX-SOLDIER

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IN 1922 it was estimated that approximately 20,000 ex-service men were in penal institutions throughout the United States. This seemed an unusually large number. It was very difficult to get reliable statistics from the whole country; we, therefore, investigated this situation in Wisconsin and found that in the latter part of 1922 there were over 300 ex-service men in the three major penal institutions of that state. We also found that approximately an equal number had already served time in these institutions during the three-year period following the demobilization of our army in 1919. In other words, 600 ex-service men had been incarcerated in the penal institutions of Wisconsin. These men were largely natives of the state. Wisconsin's quota in the army was approximately 120,000. Upon this basis one-half of 1 per cent of those who served with the military forces in the World War were sentenced to penal institutions during a three-year period following their discharge from military service. If this ratio is applied to the whole United States, assuming a mobilization of over 4,000,000, the estimate of 20,000 ex-service men in the penal institutions of the country is corroborated by our findings in Wisconsin.

This is an abnormal situation. The incidence of criminality is far above that ordinarily found in the civilian population for the age group concerned—that is, males ranging from nineteen to thirty-one. We, therefore, sought an explanation of this condition in Wisconsin, and the results of our survey form the basis for this paper.

The investigation was authorized by our governor and the work was done by Dr. W. S. Middleton, Associate Professor of Clinical Medicine, University of Wisconsin; Dr. Raymond L. Kenney and Dr. Frank C. Richmond, members of the medical staff of the Wisconsin Psychiatric Institute; and the writer. The work began in December 1922 and was concluded in January 1923.

In Wisconsin we have three large penal institutions—the state prison, the state reformatory, and the house of correction, which practically serves Milwaukee County as a reformatory.

These three institutions were visited and every ex-service man found was personally examined by us. The examination was very thorough and complete. After close questioning as to present complaints, past medical, and service medical conditions, as well as family history, the man was stripped and examined from head to foot. All findings were recorded. The physical examination included the taking of height and weight, a thorough general inspection for physical stigmata, general nutrition, and musculature, a detailed routine examination of the eyes and ears, mouth and throat (including the teeth, tonsils, and so forth), the thyroid gland, the skin, lungs, heart, abdomen, extremities, genitalia, and lymphatic and nervous systems. Blood-pressure estimation was included and in certain cases, where indicated, especial examinations were made, such as urinalysis, and the like. In every case a Wassermann test was also made.

The mental examination consisted of a personal interview with the prisoner. This examination was conducted in a separate room. The prisoner was encouraged to be frank and to relate his story freely. He was questioned closely concerning various periods in his life. The institutional records and history were used to corroborate the prisoner's story. A stenographic account was taken at the time of the interview. All prisoners who gave evidence of meager education, all who had failed to complete the seventh grade at school, all who showed any peculiarities of conduct, all sex offenders and odd personalities, were further examined as to intellectual level. For this purpose we used the standard Terman intelligence tests. These tests were performed in separate rooms, offering an excellent opportunity for a thorough and satisfactory examination.

In all we examined 290 ex-service men; of these 134 were in the state prison, 65 in the house of correction, and 91 at the state reformatory.

After completing our survey, we reviewed the case records. Significant facts and observations pertinent to the purpose of the survey were grouped and analyzed.

In our examination our interest was especially directed toward the probable effect of prison environment upon the physical condition of the prisoner, his best weight previous to incarceration, and his body weight at the time of the examination. We were also especially interested in the relation of the physical disease found to military service and its possible bearing upon the offense committed.

In our mental examinations we sought sufficient information to permit a conclusion as to the existence of any mental disease or mental enfeeblement and as to the character of the personality, whether normal or abnormal; if abnormal, further classification was made as to the type of abnormality. For our purposes we regarded an intelligence equivalent to that of a nine- to twelve-year-old child as of moron level. An intelligence rating below that of a nine-year-old child we designated as imbecile.

We inquired carefully into the early life of every prisoner and traced his life history up to the time his offense was committed. We sought especially to bring out facts concerning home influences or lack of them, schooling, childhood labor, companionships, early employment, trades or skilled work attempted or mastered, earning capacity before and after military service, marital states, dependent children, social interests, and the like.

The military service of each man was carefully investigated. This included wounds, accidents, and illnesses in service or subsequent to service; also, the conduct of the prisoner while in military service, courts-martial, misdemeanors, promotions, character of discharge, and the like. Careful inquiry was made as to the circumstances of the soldier immediately after discharge—his employment, his income, and so forth.

A special effort was made to analyze the situation immediately preceding the offense for which the prisoner was incarcerated. The crime and the circumstances leading up to the crime were discussed with the prisoner; his reaction toward the offense and its consequence was noted. His attitude toward punishment, his feeling toward society, and his plans for the future were also remarked.

We grouped the offenses into trivial and major offenses, against person, against property, and of an antisocial nature. Among trivial offenses were included petty thefts, breaking into box cars, passing worthless checks for small amounts, assault without particularly vicious or serious intent, wife abandonment, adultery, breaking in and stealing foodstuffs, stealing from cash deposits, breaking into isolated summer cottages, operating automobiles without owner's consent, breaking probation rules, and so forth.

Offenses against person are such as rape, serious assault with intent to kill, murder and attempts at murder, and similar vicious acts.

Offenses against property are such as taking or wrongfully holding property, money, valuables, or merchandise.

We classified as antisocial offenses that disregarded social conventions, such as violations of the Mann Act, liquor cases, abandonment, adultery, breaking probation rules, and the like.

The plea made by the prisoner at the time of the charge was recorded.

A special inquiry was made into the possible relationship of alcoholism to the offense. The history of alcoholic indulgence was obtained. The same information was sought with regard to drug addiction. Incidentally, an effort was made to ascertain the relationship of either such habit to the previous military service.

Finally, we tried to determine what influences, if any, upon the crime committed might be justly ascribed to military experience or training. In estimating this we took into consideration the character of the military service experienced by the prisoner, the length of his service, and his age and impressionability while in service. We also considered the character of the offense committed and the circumstances surrounding the commission and endeavored to estimate how it might have been influenced or affected by military life as we ourselves had observed it.

Physical Diseases

The physical diseases and defects found among these men were in some instances definitely of military origin, while in an equally large number there were physical defects that were not traceable to military service. The outstanding conditions were bad teeth and diseased tonsils. These were found in from 43 to 47 per cent of the three populations examined. The possibility of serious constitutional conditions following in the wake of diseased tonsils need only be mentioned. Simple goiter was also prevalent, being found in from 43 to 50 per cent of the men. This condition, it should be understood, is endemic for the Great Lakes region of the United States; it should, however, be regarded as a condition that must be watched because not infrequently a disturbance of thyroid function develops in these simple goiters. Inactive tuberculosis was found in from 6 to 9 per cent of the men and in each institution some active cases of tuberculosis were found. Serious heart diseases were disclosed; in some instances the condition was of such a character that it was deemed by us hazardous to have the prisoner perform any laborious tasks.

Physical Disability of Service Origin

Of the 290 men examined by us we found 73 cases, or 25 per cent, in which the physical disability was, in our judgment, traceable to military service. In a few cases the men were receiving compensation, but with the exception of one case, the compensation was not adequate and not comparable to that usually paid beneficiaries. It seemed evident to us that their status of prisoner handicapped these men in prosecuting their claims, as well as their uniform lack of interest in and knowledge concerning compensation. No one man sought to magnify his disability; instead, we were impressed by the ignorance and indifference of these men concerning federal provisions for the disabled. Their carelessness in this regard was a striking contrast to our usual experience with claimants. They gave the impression of not wishing to realize upon their military service or desiring any sympathy or financial help because of such disability.

Incarceration has served in many cases to make it difficult, if not impossible, to connect their present disabilities with military service. The time elapsing since discharge is now a considerable period and it is difficult to get a satisfactory continuous history supported by affidavits. In many instances the men feel reluctant to assist because they prefer that their friends and relatives be kept ignorant of their present predicament.

A number of these ex-service men had been particularly unfortunate. They suffered physical handicaps and had found themselves in want also because of lack of employment.

When this survey was started the district office of the United States Veterans' Bureau at Chicago offered to coöperate and assist in establishing claims for disability. Representatives of the United States Veterans' Bureau were present at the survey made both at the reformatory and at the state prison. With their assistance, 47 claims for disability were started or reëxaminations for increased compensation were requested.

Mental Conditions

As already mentioned, an effort was made to examine carefully the mental condition of each prisoner. It is interesting to compare our results with the surveys made upon civilian prisoners at these institutions during the last few years. Our results show a greater incidence of mental abnormality in the ex-service men as compared with the civilian prisoners. Dr. V. V. Anderson, of The National Committee for Mental Hygiene, made a very extensive survey of the Wisconsin penal institutions two years ago and his findings at the state prison are practically the same as ours. At the reformatory, however, we found 40 per cent mentally abnormal among the ex-service men. This is a considerably higher percentage than that found by Dr. Anderson.

Twelve cases, or 4 per cent, were found to be definitely insane. In most instances, notably in one, the insanity existed or developed during military service. In this particular case the prisoner had committed an especially atrocious murder immediately following his discharge from the army. In a number of cases it is believed that insanity existed at the time the offense was committed. Several cases of epilepsy found among these ex-service men were associated with the mental deterioration that frequently accompanies this disease. One ex-service man, who was not aware of his epileptic seizures until after incarceration at prison, was subjected to punishment for breach of prison discipline. This patient occasionally cried out at night. For this offense he was severely punished upon several occasions until it was discovered that his cry was the beginning of an epileptic seizure.

Feeblemindedness

Among the 290 examined, we found 73 cases—approximately 25 per cent—of feeblemindedness. Of these 73 feebleminded, 17 registered intellectually below the level of a normal nine-year-old child. The remaining 56 cases had an intellectual level ranging from 9 to 11. Among these feebleminded, both imbeciles and morons, we found all sorts of crimes. Some of the most serious offenses were committed by these prisoners. Most of the sex crimes, such as rape of children and perversions, were committed by this group. There were, in addition, a considerable number that we found to be backward or dull, their mental ages ranging between 12 and 14. We did not include these in our summary because we were anxious to include only cases that came clearly and definitely within the realm of abnormality. In other words, we were very conservative and classed all border-line cases with normals.

Psychopathic Personalities

The mentally abnormal persons designated as psychopathic personalities were separated into several groups. For our purpose we decided upon four types which we designated in our table as follows:

1. Easily influenced, inadequate type.
2. Unsocial, maladjusted type.
3. Type characterized by serious character defect.
4. Criminal type.

It is believed that therapeutic measures might bring about favorable results in some of the cases listed under the first two groups. These therapeutic efforts we believe should be started at the prison and should continue after discharge from the institution. Such efforts, however, would be successful only if the conditions in each individual case are studied and a proper supervision is exercised after release from the prison. In the type designated as characterized by serious character defects and the criminal type, we believe that reformation is exceedingly difficult if not impossible.

The scope of this paper will not permit of a detailed description of the various abnormal personalities mentioned. The terms are somewhat explanatory. The cases of serious character defects include most of the sex perverts. Among the criminal type are those who have absolutely no insight into their antisocial behavior. They regard their existence as a fight against organized society. They firmly believe that they are justified in their criminal act and look upon their arrest and conviction as an unfortunate turn of events in which they were merely "out of luck". They have no plans for the future other than further efforts to succeed as criminals. They regard their past experience in the light of a lesson that should help them to escape detection in the future.

A summary of the mental conditions found is presented in tabular form below:

	Total	*In state prison*	*In house of correction*	*In state reformatory*
Number cases	290	134	65	91
Insane	12 (4%)	8 (6%)	2 (3%)	2 (2%)
Feebleminded	73 (25%)	42 (31%)	17 (26%)	14 (15%)
Psychopathic personalities	74 (25%)	33 (25%)	19 (29%)	22 (23%)
Total number of cases with mental abnormalities	159 (54%)	83 (62%)	38 (58%)	38 (40%)

Social Data

Some very interesting facts were disclosed with regard to social conditions among these prisoners. Their possible bearing upon crime must be considered. It is especially noteworthy that over 58 per cent of the prisoners examined gave a history of disrupted family relationships during childhood.

The relatively large number of common laborers—57 per cent—as compared to the skilled or those with trades or professions is not an unusual finding among prisoners generally. We grouped 28, or almost 10 per cent, as having no gainful occupation. These are men who wandered about the country and would hold odd jobs for a short period—just long enough to get a little money—but were not vocationally stabilized.

The following is a summary of the social data obtained:

	Total	*In state prison*	*In house of correction*	*In state reformatory*
Number of cases	290	134	65	91
Single	191 (66%)	71 (53%)	42 (65%)	78 (86%)
Married	69 (24%)	39 (29%)	19 (29%)	11 (12%)
Separated	3 (1%)	3 (2%)		
Divorced	27 (9%)	21 (15%)	4 (6%)	2 (2%)
With dependent children	61 (21%)	36 (20%)	15 (23%)	10 (10%)
Family intact during childhood	119 (41%)	42 (31%)	35 (53%)	42 (46%)
Family disrupted during childhood	171 (59%)	92 (69%)	30 (46%)	49 (54%)
Common laborer	165 (57%)	73 (54%)	37 (56%)	55 (60%)
Skilled laborer, in trade or profession	98 (34%)	53 (40%)	23 (35%)	22 (23%)
Engaged in no gainful occupation	28 (9%)	9 (6%)	5 (7%)	14 (17%)
Suffering from physical disability of service origin or aggravation	73 (25%)	37 (28%)	24 (37%)	12 (13%)
Suffering from physical disability not related to service	8 (3%)	..	8 (13%)	..

CRIMINAL DATA

In all, we found 35 cases in which there had been juvenile delinquencies sufficient to warrant incarceration at industrial schools, and the like. This number represents 12 per cent of the total examined and is somewhat below the percentage usually found among prisoners generally. A definite record of previous conviction was obtained in 55 cases, or 19 per cent of the total examined. It must be held in mind that these 55 were found only among the cases at the state prison and the house of correction. At the reformatory there were none who had been previously convicted.

It is very striking to note the relatively large number of prisoners at the reformatory who pleaded guilty. Eighty-seven of the 91 young men examined confessed their guilt at the time of arrest. The pleas of guilty among the ex-service men at the state prison and the house of correction were also relatively large, averaging 75 per cent. Another observation of considerable interest is that, with few exceptions, the feebleminded all pleaded guilty.

Different opinions may be held as to the possible influence of military experience and training upon subsequent criminality. We wish to stress a certain disregard of property rights that we personally observed in the military service, especially overseas. Clothing and equipment were government property. They were assigned to an individual, but were not regarded by the soldier as individual property. To help oneself whenever in need was common practice, particularly overseas, and with active divisions large amounts of property became so-called ''salvage dumps''. For a soldier to help himself to necessary equipment from such salvage piles was generally sanctioned. The property rights of organizations in equipment were commonly disregarded. A shortage was often made up by stealing from a nearby organization and not infrequently with the knowledge of commanding officers. Property became still more a matter of mere taking as the troops engaged in battle. The influence of such an experience commonly practiced and occasionally sanctioned by those in authority was not conducive to respecting property rights at home. A normal mind, of course, is expected to adjust itself to the widely different situations of war and peace, but the relatively immature mind might easily be influenced by such practices, or the young soldier lacking in good character, because of the absence of favorable home influences during childhood, might be looked upon as having received a pernicious moral twist by such experiences.

A summary of the criminal data follows:

	Total	*In state prison*	*In house of correction*	*In state reformatory*
Number of cases.....	290	134	65	91
With history of juvenile delinquency ...	35 (12%)	18 (13%)	11 (17%)	6 (6%)
With history of previous conviction	55 (19%)	30 (22%)	25 (38%)	..
Pleaded guilty to charge...........	219 (75%)	82 (60%)	50 (77%)	87 (97%)
Tried by jury........	71 (24%)	52 (40%)	15 (23%)	4 (3%)
Guilty of trivial offense............	181 (62%)	82 (60%)	37 (57%)	62 (68%)

	Total	*In state prison*	*In house of correction*	*In state reformatory*
Guilty of major offense	109 (37%)	52 (40%)	28 (43%)	29 (32%)
Guilty of offense against:				
Property	202 (69%)	93 (70%)	44 (68%)	65 (71%)
Person	43 (14%)	26 (20%)	4 (6%)	13 (14%)
Social convention	45 (15%)	15 (10%)	17 (26%)	13 (14%)
With economic stress associated with offense	94 (32%)	49 (36%)	21 (32%)	24 (26%)
With alcoholism or drug addiction associated with offense	75 (25%)	36 (27%)	22 (34%)	17 (18%)

Economic Stress

By economic stress we mean a situation preceding the criminal act in which the prisoner was in dire need, away from home, without friends and without funds through loss of employment or lack of opportunity for employment. In order to come under this term, the offense committed had to be apparently a true outcome of the stress and, furthermore, it had to be a theft or similar offense in which the proceeds were proportionate to the need. An attempt at bank robbery or a successful bank robbery is not classed as a crime associated with economic stress in our table. It is a fact that in a number of cases the economic stress was both the result of general unemployment and of actual physical disability or handicap of service origin.

Alcoholism

A total of 75 ex-service men, or about 26 per cent of the total number examined, were criminals because of acts directly associated with alcoholism. The crimes in many instances were committed during periods of mental confusion. Among those listed as associated with alcoholism are included the offenses connected with "moonshine traffic". In a number of cases, especially those at the reformatory, alcoholic indulgence began during military service. In two instances the ex-service men had been employed to guard "booze convoys". Their employers probably regarded them as especially fitted for this work because of their military experience.

Drug addictions were surprisingly absent among these ex-service men. There were only two cases among the 134 at the state prison and none at the reformatory or the house of correction.

We wish to suggest that this survey has brought out facts that bear not only upon the former ex-soldier men, but upon all convicted criminals. We believe that many of our findings apply to all prisoners. We, therefore, urge the adoption of a system that will insure a very complete mental and physical examination of every prisoner. It is our opinion that such a service might be developed at very little expense by using state agencies already in existence, such as the medical school at the university and the psychiatric institute. The ideal method would be to make such investigations at the time of arrest, but this requires a very large personnel and the cost would be almost prohibitive in a rural state such as Wisconsin. While delayed, much good would still result if these examinations are made after conviction when the subjects are collected at the penal institutions.

Practically all prison officials believe that their problems of prison discipline are made more difficult because of mentally irresponsible inmates. From our investigation, we are of the opinion that many offenses that are trivial in nature, but that yet cannot be tolerated in a prison, are committed by feebleminded persons. Infractions of rules cannot be ignored; examples must be made else control will be difficult, but unfortunately those guilty of infractions are rarely responsible. We, therefore, suggest as a remedy the complete segregation of mentally irresponsible inmates within the prison itself. It is imperative that this segregation be complete and that it be applied from the standpoint of employment, custodial care and supervision, disciplinary measures, and medical supervision and attention. This segregated class could be allowed certain liberties that might be dangerous from the prison point of view if witnessed by the mentally responsible inmates. It is believed that this arrangement can easily be made if the mental status of the prisoner is determined shortly after he is admitted and, incidentally, if the prison authorities are sympathetic to such an arrangement.

We are convinced that prison management will be easier if at least a measure of scientific knowledge be applied to the problem.

SUMMARY

The following facts were disclosed as the result of a mental and physical examination made on 290 ex-service men in the penal institutions of Wisconsin:

25 per cent had physical disabilities of service origin;

54 per cent were mentally abnormal;

25 per cent were feebleminded;

59 per cent were from homes that were disrupted during the prisoner's childhood;

19 per cent had served prison terms before present conviction;

12 per cent had been juvenile delinquents;

62 per cent were guilty of trivial offenses;

69 per cent were guilty of theft;

75 per cent had pleaded guilty to the charge;

32 per cent were guilty of offenses associated with economic stress;

25 per cent were guilty of offenses definitely influenced by alcoholism.

In view of these findings, we recommend:

That a thorough mental and physical examination be made on all ex-service men in penal institutions.

That a thorough mental and physical examination be made, as a routine, upon all persons incarcerated in penal institutions.

That in rural states such mental and physical examinations be made through a medical service of the medical department of the state university, if such exists.

MORE COMMUNITY ASPECTS OF FEEBLEMINDEDNESS

GORDON HAMILTON

Secretary, Subcommittee on Feeblemindedness, Charity Organization Society, New York City

A PAPER in the last issue of MENTAL HYGIENE gave the results of a field study of 117 persons diagnosed as mental defectives and known to the Charity Organization Society prior to 1916.[1] It was found that only about one-third of this group had succeeded in making successful community adjustments; and we tried to explain these rather discouraging findings partly on the ground of the large proportion of socially marginal people that come to a family agency, and partly by the fact that ten years ago only the worst types of mental defectives were, as a rule, so diagnosed, while more general examination prevails to-day. But explain them as we may, the findings seemed to indicate that many mental defectives, unless given far better community supervision than New York at present provides, will become dependent or delinquent or both. Of course, it is hard to create a whole picture of the problem, since many successful adjustments of the feebleminded, no doubt, are not garnered into any one's statistics and the unsuccessful adjustments may over-engage the attention of the harassed case-worker. Still, we must all contribute such observations and findings as we have and so gradually round out the picture and enable ourselves to understand all its implications.

There will probably always be mental defectives in the community. From any common-sense point of view, except possibly that of eugenics, it seems unnecessary—even unwise—to place all defectives in institutions. On the other hand, to family workers who constantly see "close-ups" of mental defectives in the community, the problem of supervision looms large. It is still difficult, if not well-nigh impossible, to obtain custodial care or colony care or—most impossible of all—short-period training care for high-grade emotionally unstable or antisocial adults who are "earning something" and not flagrantly or obviously breaking the law. The law says "mental defectives" and treads very warily when the clinical findings as to defect are inconclusive, which is as it should be. But if social workers are to be "ministers of preventive justice"—to use a phrase of Dean Pound's at the Fiftieth Anniversary Conference of Social Work—the court will no doubt come gradually to give in marginal cases at least as much consideration to the history and personality report made by the case-worker, after a careful, intimate study, as to the report of an hour's clinical examination.

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[1] *Some Community Aspects of Feeblemindedness*, by Gordon Hamilton. MENTAL HYGIENE, Vol. 7, pp. 312–38, April, 1923.

It is still difficult to protect the children of a deteriorated, feebleminded mother unless the neglect is expressed in certain definite abuses, chiefly physical. It is still difficult to adjust and supervise the individual who appears to the psychiatrist and psychologist docile and trainable—and who, indeed, may be so—but whose environment at home, in the immediate neighborhood, or in industry is full of peril. The creating of a simple environment in New York is a pretty problem for even the best social landscape gardener. The worker who deals with the feebleminded must have a friendly and patient disposition, not expecting too much, not easily provoked, clear and direct and firm and simple. Not all social workers have this equipment, and few case-workers are carrying a light enough load to give intensive supervision to more than a small number of defective individuals.

Our aim in this paper is to give the more hopeful aspects of feeblemindedness in the community and we will do our best to that end, although the material before us in the last year was not such as to encourage us unduly and we must be careful not to give a false impression of our problem. However, the following brief outlines will give at least an idea of some characteristic adjustments. These case histories are all thick volumes which we cannot, for lack of space, abridge in a way to do justice to the patient case-work that underlies any success in this field.

When we speak of supervision, we do not mean a once-a-month supervision, too common to officialdom, where the patient more or less expects a visitation, tidies the house, irons the clothes, and puts the school report of the bright child on the mantelpiece, but the best that social case-workers can offer to-day in the way of service, guidance, and effort toward better personality adjustment. Feebleminded persons are, as we know, very suggestible and ready to accept guidance from others, but the organizing of constructive influences for the feebleminded is rarely done well if done in haste. If there are some seven visiting teachers for a million-odd children, the pastorate is too large, even though most of the children are perfectly well adjusted and not in need of supervision. It is also clear that a family agency cannot overload its daily service with too many long-period-supervision cases of feeblemindedness without cutting into its usefulness to families who need only short-service assistance in rehabilitation. A distinguished psychiatrist, whose experience has been chiefly clinical, said the other day: "You family workers will have to accept the feebleminded family as indefinitely marginal and stand ready to supplement wages and make adjustments whenever they become necessary." This psychiatrist could not have realized what marginal ability in ordinary social relationships may call for in the way of practical supervision. Intelligence and efficiency in supervision imply differentiation and discrimination, not only of types of defectives, but of environment and resources. One must, in common sense, make some kind of service cost accounting and contract for case-work supervision in those cases where it is really practicable and valuable to the individual and to society. There are many such:

Case 1. When Mr. R., a drug addict, was sent to prison, his wife was left with three small children. Although by test her I.Q. was only 51, her social equipment was fairly good. The society planned to help keep the home together by the assistance of relatives. This would not always be possible, as quite often one will find relatives at loggerheads, particularly if the woman is thought unthrifty and her troubles "all her own fault". But in this case a sister was willing to "take the entire care of the table" and a brother, who had already put off his marriage to keep an eye on things, was induced to take more responsibility after marriage. Under this general standing-by of relatives who had some realization of the problem, the woman, not stampeded by a flood of sudden decisions and plans, reassured, with some burdens removed and some shared, proved a fair housekeeper and a good mother, steering a quiet course without mishap.

Case 2. It is generally easier to enlist the sympathy and interest of relatives when a domestic tragedy has occurred than in the normal course of events. It is generally assumed that when the man is in the home, a feebleminded woman needs and should have no assistance in the care of her children. In the Z. family, the mother, as a child, had had chorea, which was said to have so far incapacitated her as to make her unable to feed or clothe herself. After she had been cured by a ''hypnotist'', so the family story runs, she went to work in a laundry, subsequently making a forced marriage, after which her husband deserted her a number of times. This woman, a case of border-line mental defect and, despite her ''cure'', nervous, was a poor housekeeper. ''If she had but fifty cents in the house and one of the children cried for a toy, she would buy it'', is one description of her. Improvident she was, but patient and kind with the children, making a happy home. Her laundry training having given her some idea of cleanliness and she herself liking the kind of work, a position as janitress was found for her and a brother was persuaded to go to live with her. The arrangement has been working beautifully, to the satisfaction of all. The tenants declare that she is the best cleaner they have ever had.

In both these cases the supervision was indirect quite as much as direct, the plans being made with and carried out by the immediate family, with a certain amount of health care and some financial assistance from the society. The contact kept by the agency with the whole situation was, however, close and constant.

In the following case a serious health condition complicated the treatment at every turn. Any one who has tried to get a feebleminded person to go regularly for clinical treatment or other regular appointments knows that it is far from easy.

Case 3. Mrs. G.—I.Q. 59—had, among other things, an endocrinopathy; the oldest girl—I.Q. 65—was also an endocrine patient; another child was a border-line defective; another had a club foot. Mrs. G., who was in wretched health, could be got to the clinic, it is true, by being led there by the hand. The children could be got to the dental clinic, after several misfires, if dressed and taken by the visitor. Additional difficulties were plentifully supplied by unfavorable influences in the neighborhood and even in the same tenement. (Yes, because of the housing shortage, it is sometimes impossible to move families into other apartments.) However, it has been possible by patient, intelligent work to provide and demonstrate some health supervision and to interest the woman in some things that make for a better home. The man in this case is a good workman, friendly and coöperative, glad to have matters improved if any one will tell him how.

The service involved in such cases as this is considerable; we shall cite later one case indicative of the time element involved, but we shall not stress this aspect of case-work supervision. It is true that supervision takes a great deal of time, but it is equally true that most case-work takes a great deal of time. It is enough to say that case-work with the feebleminded is generally slow and in extreme cases may become disproportionate to the results attained. But to go on with two more successful adjustments:

> *Case 4.* Mary was living with her mother, an elderly woman with good standards, but she could not keep a job. She was gentle and coöperative, and as a mild-grade moron she should have been able to hold a simple factory job. But as a matter of fact the drive of the factory and the dexterity required for success were too much for her; she would first lag, then absent herself, develop a sort of compensatory mechanism of headaches, and finally lose her position. There was some sort of affective instability which prevented her from making good at jobs that looked suitable. The district cast around for other opportunities and finally placed her in a settlement, where under kindly supervision and less exacting routine she has been stable and content for nearly two years. The business of finding the right niche is not, however, a matter of a casual half hour in the case of a girl of this sort.

But it is not only defectives of the higher grades of intelligence who can be successfully adjusted:

> *Case 5.* Mrs. W. not only was an imbecile—I.Q. 46—but suffered from a cardiac condition and empyema. In addition, what little personality she might have developed socially had been battered out of her by an alcoholic and abusive man whose death by cancer in 1919 released her from a long martyrdom. Had the husband lived, clearly the problem would not have been solved by supervision, as he would not have permitted it—a problem to which we shall presently invite the reader's attention. But under the circumstances, the district could enter upon the scene and befriend, guide, and support the widow not only materially, but—far more important—morally, until she became eligible for a mother's pension, when, by special arrangement with the Child Welfare Board, supervision was continued. This woman was not a good housekeeper, although she kept the children clean, but she did love her home—''a piece of my heart'', she called it—and as she was affectionate, docile, and responsive, it was possible to give the necessary health care and other supervision. Whether this child-woman will be able to meet the needs other than physical of her children as they grow up, one cannot tell. Many a defective can be trained in the physical care of children, but cannot be taught how to meet the needs of adolescents, which is another reason for collecting evidence over a long period of time before we characterize supervision as successful or unsuccesful.

Our survey revealed a number of cases of successful supervision over a period of several years where the women to be supervised were of the general types described above. But inject into the problem a little more affective disturbance, set the patients in a slightly different environment, add to them complicated relationships, or let them get out of key with the jobs they naturally turn to when the right sort of job is not available, and the question of supervision takes on new shadows. Case-workers do not always choose supervision; sometimes it is thrust upon them. The following case was taken up willy-nilly because it was constantly being referred to the society, because there were elementary needs, such as maternity care, that had to be met, and because there was a syphilitic condition that could not be ignored:

> *Case 6.* An unstable young Frenchman had married, for his second wife, an unstable young American girl with an I.Q. of 60; the very common complication of venereal disease gave a neuropathic, if not psychotic, twist to the situation. Driven by a perpetually exigent situation, the district tried to help conditions by intensive supervision, seeking by frequent contact to instruct the woman in housekeeping and the better care of the children and to improve the general health of the family. For thirty-one months the district aided by exceedingly friendly contacts. One hundred and thirty-nine personal calls and interviews were made, an average of over one a week for two years. Eighteen calls and interviews were in the nature of an investigation and evaluation of the situation; 29 were in the interest of health, child-placing, and other treatment. The man was interviewed 14 times, usually at night, and the woman 60. There were 18 medical visits and 24 other contacts at clinic and hospital. In addition there were 79 miscellaneous services, including letters, telephone calls, and the like. In the end, except for a slight health improvement, the home was still absolutely miserable. The whole accomplishment in the way of home training and family progress was admitted by the district and corroborated by the record as negligible, although the case-work handling had been of a consistent and uniform excellence.

Some one will ask, perhaps, "Why, in the name of common sense, was not this family broken up when it became evident that efforts to improve the situation were futile?" It may be of interest, therefore, to state that an attempt was made in 1921 to have the Society for the Prevention of Cruelty to Children take up the matter, without success. The great difficulty with extra-legal cases is that no one knows how bad the situation is except the worker intimately associated with the daily life of the family, and her testimony is apt to be discounted.

If the supervision of adults in deteriorated surroundings is sometimes a long, heartbreaking piece of business, the supervision of children in deteriorated homes is no easy matter, as one or two typical instances will show:

Case 7. Julia—I.Q. 76—suffering from cardiac and endocrine disorders, congenitally syphilitic, and from a family riddled with syphilis, married a man whose family had been known to the Charity Organization Society since 1898. This family had deteriorated steadily with disease and alcoholism since that time. Mr. X. was already a widower, with one feebleminded and one border-line child to his credit, and the district took the drastic step of going to the marriage bureau and laying such evidence before it as should, under the New York law, have effectually prevented the issuance of a marriage license. A few days later the marriage license was issued to these two syphilitics. Julia is now about to have a child of this union. What avails ''supĕrvision'' here, unless it can be backed, at essential points at least, by our present machinery?

Case 8. In this home, the paternal grandfather suffered from ''head injuries'' and drank; the grandmother went ''insane'' for a time; the mother, from a morbid family with six infancy deaths, is a medium-grade moron. In 1921 the man lost his position because of persecutory ideas, and a diagnosis of paranoia was made. As his psychosis was mild, a commitment could not be forced and there was equally no way of committing the mother. The family were fond of each other, which was taken, it would seem, by the authorities as reason enough to let this marriage function like any other marriage. The oldest child is the most nearly normal; the others are rachitic and anæmic. Harry, the fourth child, has had a neglected tumor on his face; Elizabeth, the sixth, is a cripple. The eighth child was born in 1921. For a long time this family was solemnly warned by various agencies to take better care of their children, to which admonition, hectored and frightened, but without mentality enough to comprehend what it was all about, they responded by keeping the children shut up in their dreadful rooms so that they would not be noticed. Finally the family was referred to the Charity Organization Society for ''supervision''. In this case it was possible to remove the children, in the course of time, although it was never possible to get at the roots of things by removing the adults from the society to whose welfare they were not equipped to contribute.

It would be easy to go on citing cases in which supervision was humanly impossible because the social training was so markedly lacking or the mental, physical, and social deterioration had progressed so far that there was no foothold for the worker. The better types, even when many conditioning factors are unfavorable, can often be supervised, and the worse types, if enough factors are socially catastrophic, can often be committed, but between the two there is a vast hinterland of marginal types which needs study and yet more study. We all believe that early diagnosis and training will in the long run shape the problem very differently, but unfortunately mental defectives of the older generation were seldom trained and their children are by no means all being specially trained, as the accompanying graph (page 493) shows; this, too, in spite of the fact that children known to many agencies are apt to be brought to the attention of clinic, principal, settlement, and so forth, and all of them try to see that the child is given a better chance. The problem of supervision becomes increasingly difficult when there are two generations of the feebleminded, one or both parents of a defective child being defective. If the parents are normal, supervision is relatively easy. The trained child paroled to supervised industry or a decent home will be a different problem from the trained child returned to an antisocial home and the life of the gang—a situation too familiar in our case histories.

We have elsewhere discussed at some length the following case of a boy whose lack of trade training and maladjustment in industry meant that he could not keep himself even in shoes as he tramped from job to job.[1]

> *Case 9.* Mr. C. died of paresis when Frank, his eldest boy, was still in school. Frank was always about four years behind boys of his age in school, repeating 1A three times and some of the other grades. When he left school, he succeeded in getting his working papers because his grade teacher ''tutored'' him. The trouble began the moment Frank tried to help in the family budget. He could not keep a job more than a few weeks. No one, alas, had tutored him for industry, and his work history from 1919 to 1922 records 18 blind-alley jobs, with one short period in the ''right kind of job''—if he could only have had supervision in it—and innumerable weeks of unemployment between jobs. Such supervision as the society could bring to bear was abortive because here was a boy, unstable, subnormal—although with a special ability that could have been early turned to account—who in all his schooling had never been studied as a personality or as that special significant educational problem, an intellectually limited personality. Frank entered industry with truancy, irregularity, and maladjustment generally as his educational capital, and the problem of supervision in industry is often harder in the case of a boy of this type than in that of a woman of the same unstable disposition, who can be followed up at home. With Frank a decent trade training was indispensable as a foundation for adjustment. One cannot have superstructure without foundation; one cannot have supervision of the feebleminded without provision, prevision, and *vision.*

The whole subject of school training has in the last few years been fearlessly attacked. The special class, the therapeutic class, the ungraded class, are but beginnings in the genuine individualization of children's needs. In time, the

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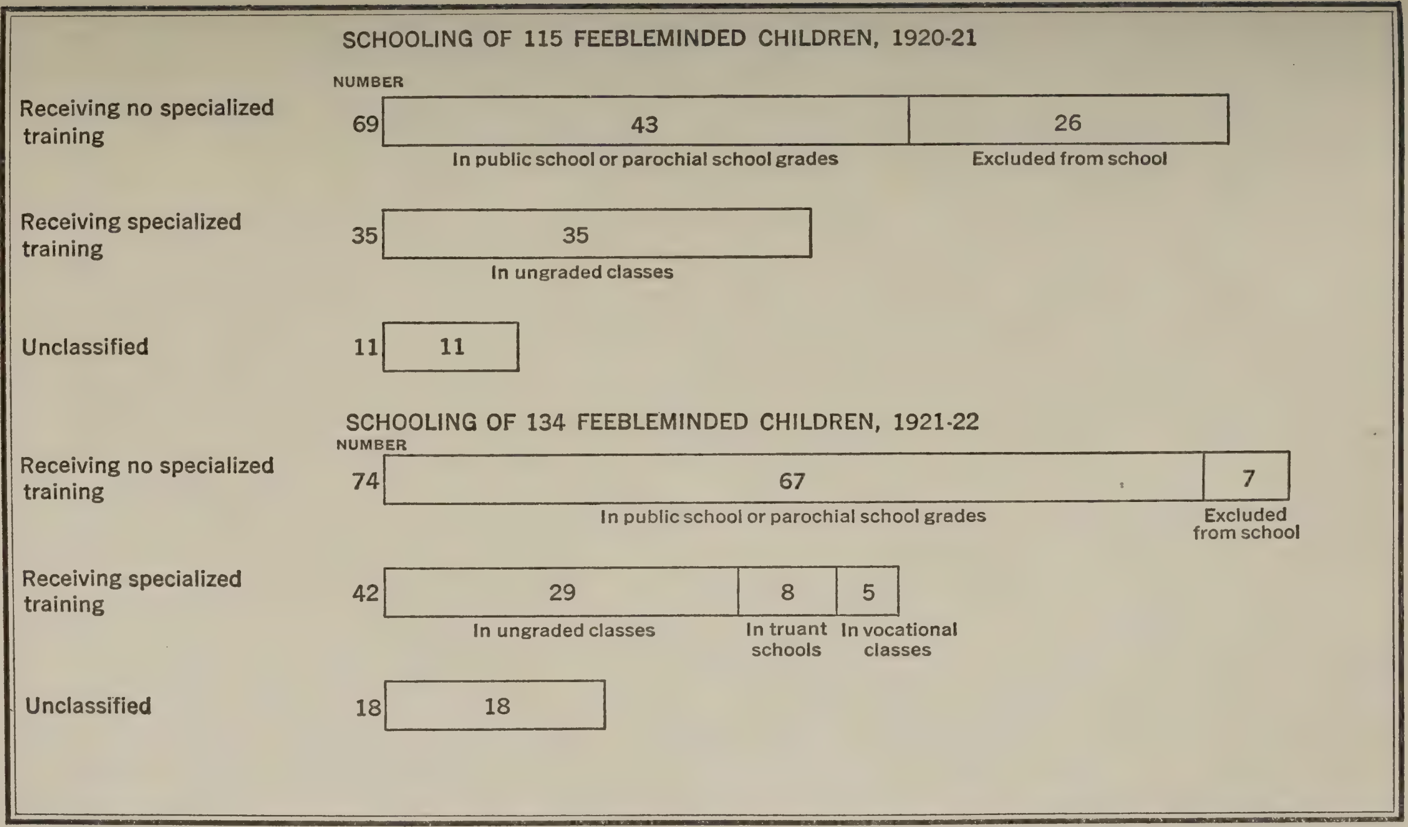
[1] ''No Wonder Frank Needed Shoes!'' by Gordon Hamilton. *The Survey,* Vol. 50, pp. 98–100, April 15, 1923.



This graph shows the schooling of 249 feebleminded children whose families were under the care of the Charity Organization Society during the period 1920–22. Note how many are not receiving special training. The unclassified have had a mixed type of schooling, generally including some period of institutional care.

public schools can take all the stable subnormals and all the curable unstable subnormals and train them in special classes to do the work of the world under supervision. Then, with trade placement and industrial regulation, with better marriage laws and those laws enforced, we shall indeed be getting on. But meanwhile we must do more studying and classifying of parents, homes, and environments.

''No proper guardianship'' is still a legal, not a psychiatric term, and still falls into conventional patterns. The law proceeds in defense of the neglected and abused child, but is to-day somewhat at a loss how to proceed when the client is the neglected or abused wife and mother with the mental age of a child, but legally married and so *ipso facto* provided with a guardian. Generally the responsibility of dealing with her own condition falls back upon this child-wife. The law still gives more emphasis to a man's earning power than to his mental development, social capacity, or affective suitability for family life and parenthood. If he is not actually criminal, he can be pretty subnormal and pretty antisocial, so long as he supports his family after a fashion. Supervision, if it is to be real supervision, must be grounded in a sound training in the public schools, not for anything so much as for ''the business of living''; it must be supplemented by adequate community care for those who need it, including constructive prevention. If mental hygiene is to mean what it should, it must include the possibility of a quick, effective use of special resources where, demonstrably, supervision is failing because of some uncontrollable factor in the environment or some unexpected development in the patient. Social workers must not be forced to keep on trying to supervise the infectious, emotionally unstable syphilitic or gonorrheal patient who will not go for treatment and has not enough mentality to protect others in the home; they must not be forced to wait till a child is delinquent before he can be given the care that would have prevented his becoming delinquent.

When all the persons whom trained social workers think they can supervise successfully, and all the persons who, experience has taught, will probably not be supervised successfully, are cared for, there will still be this hinterland in which we must try hopefully, repeatedly, and patiently, with all the skill, all the knowedge, all the ingenuity we can muster, to help them live more successfully with their fellows. Case-work method, not opportunism, must submit the final evidence, and in the very nature of case-work this evidence will not be final, but will look forward to the time when more skill, more knowledge, and more resources will accomplish what we fail to accomplish to-day.

COMMUNITY RESPONSIBILITY IN MENTAL HYGIENE*

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WITHIN the last twenty-four hours 7,000 children have been born in this country. Birth returns, when they exceed death returns, are usually read with a feeling of satisfaction. All seems well for the future. Particularly is the prospect a happy one in this country, where there is food and plenty and where every child is born equal to every other child and where each child has an equal opportunity for a happy and successful life. Our finest emotions, too, are stirred with the announcement of a birth—the period of anxious waiting over, the proud father, the happy mother, the family hearth, companionship and love, the future.

But the problems of some of these children and of the 210,000 that have been born in the past thirty days are already solved—they have died since I began this article, thousands of them. Before I could write one paragraph some were gone —with every tick of the typewriter they went. Others are struggling desperately to live, but long before I have reached the end of this article many more will be gone. There weren't many biologists in the constitutional convention.

It is interesting to visualize this army of new babies: to see them in their cribs, to watch them climb out of their cribs, observe them donning trousers and frocks, adding books and pencils—mustachios and coiffures—smiling at one another and, eventually, arm in arm, going off together down time. It is interesting and it may be helpful to see them thus as a group, for there are some things we may know about them quite definitely which it may be well for us to consider. Of those who are still living many will drop out—drop out each day and each year. During the present year they will disappear very rapidly, in groups, as it were. But some will reach their first anniversary and some their second and so on year by year until eventually a much diminished number will enter into adolescence and thence on out into the world of adulthood.

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The world being as it is, we may be sure of certain things in regard to the prospects of to-day's 7,000 babes. Although they may live for a time, the bodies of some will never function properly and they will always be invalids. Rickets will claim a definite, sure number. Malformed joints will impede the progress of others. A very considerable number, although they will grow to the age of manhood and womanhood, will not develop adult minds—they will always be children mentally. For one reason or another their brains lack the potential necessary to growth and after a few years they will stop. Some who a few weeks ago had a potential for mental growth have had that potential destroyed in the last few hours or it will be destroyed in the next few days.

Before the age of twenty a very large number of these babes of the last twenty-four hours will develop tuberculosis; others will contract typhoid fever or malaria or hookworm. A very definite number, if an unknown number, will become delinquent; others dependent. More than we like to think about will develop one form or another of nervous disorder; of those who reach adulthood, one out of twenty-six will become insane. All this may seem the same as saying that, after all, something will happen to all of them. And, to be sure, something will. One may complete the picture: a certain number will, after all, go to college; some will become preachers and some doctors; some will be Democrats and some Republicans. But the observation I wish to make is not quite so simple as that there will be rich men, poor men, beggarmen, and thieves; it is not the obvious I wish to point out, but some elements in the picture that are not so obvious, that part of the familiar, complete picture that is usually sketched in quite vaguely. The vagueness, however, is only in the sketching, not in the reality.

The course is laid for certain of these babes and some—now to-day, now to-morrow—will strike alleys down which they will shoot with the speed of marbles on a bagatelle board. At the end of the alleys are great bags into which they will come catapulting, amazed and out of breath, not knowing what happened to them. And as the bags fill up, they will be dragged away and new ones placed. So fast come individuals down some of these alleys that it is not always possible to get new bags into place in time to avoid much crushing and spilling out, and as a result of the commotion and confusion, due to the blind hurrying up and carrying away of bags, few get restored to the board again, although on their trip down the alley they may not have been much injured.

Lack of knowledge, in the past, has kept us from changing this situation very much and in our unhappiness over it we have found comfort for ourselves in a philosophy—that these things are bound to happen—it is the way of the world—and that there may be a design in it all that we do not indeed understand. In recent years, however, our knowledge has been increased. We find that babes need not be born dead, or without vitality, of mothers in convulsions through toxins—that prenatal care has something to do with equality of opportunity at birth; that children need not die of diphtheria; that individuals are not born with, but that they contract, tuberculosis through the ignorance or carelessness of others; that there has been negligence somewhere if one develops typhoid fever or malaria or hookworm. Slowly, battling against the indifference born of a philosophy of another time, knowledge is put to work and gradually a change in situation is brought about. Our efforts, however, are feeble. We are occupied with so many more important things—whether macadam or cement makes the more durable road, and how we should limit the tonnage of trucks so as to prevent the destruction of roads, and many other similar problems, the important bearing of which upon life cannot be denied. Some of the keenest intellects in the country are working on these problems—and the roads of the country become better each year and the destruction of them less.

But mortality and morbidity statistics are in books that few people ever see—least of all the road builders; and dead babies and dead children are soon underground; and the world is full of kind people—ladies of the church guilds, social workers, physicians, reformers, and the like—who will delight to take care of and succor those who come through crippled and without capacity, either physical or mental, and who cannot be expected, therefore, wholly to look after themselves

II.

Let us look for a minute at another army, made up of the remnants of several other armies of children that made their start at various times some while back. From this army of Americans 50,000 dropped out last year; after a long period of struggle, an exquisitely painful and wonderfully brave struggle for many of them, these 50,000 finally gave up. They were admitted as new patients to the hospitals in the country maintained for the insane. There are 50,000 each year who are new patients. That is, these are persons who never before have been in a hospital for mental disease, except possibly as visitors, the number not including those who have been readmitted to the hospital with the return of a former illness. Neither does it include the mentally defective and the epileptic, nor does it include that much larger group of persons incapacitated with what is more comfortably called nervous disease—hysteria, neurasthenia, ‘‘nervous prostration’’, ‘‘overwork’’, and the like—to distinguish it from the more vulgar mental disease. And, of course, it does not include anything like all those who suffer from frank mental disease. It includes, of this group, only those whose conduct was so unusual or bizarre that a lay judge who just the hour before had been arranging some intricate matters of probate —in which he is really quite expert—could see that the patient was ‘‘not right’’ and so granted a hospital *permission to receive him.* The action of the judge, note, is not to grant permission to a sick man to receive treatment at a public hospital, but permission to the hospital to take away the man's liberty. The philosophies that lie back of the differences in intent here are as voodoo to science. In some states the figure includes only those of whom the community is afraid, the insane ‘‘hospital’’ being merely an institution for the protection of the community, not a place for the protection and recovery of a patient. But at any rate there were 50,000 last year and before this time next year there will be 50,000 more. We can be quite sure of this; the number increases a little each year.

As the world is at present, this number will not be decreased for a very long time and we are perfectly safe, therefore, in using it as the basis for a few computations.

There are in the country, then, 250,000 people within five years of the state hospitals. Some of these are very close—a week, a month, six months, a year—but every one—man, woman, and child—before five years. Nothing but a miracle will stop it and there will be no miracle.

The people in our hospitals are real to us. We can see them; we can know their names and where they lived; we may know their friends. There is no doubting them; they are real. We have all our physical senses to testify to it. But somehow these 250,000 do not seem so real. They are real, though. They live; they are with us. It is not a strange army of phantom people that will slowly descend upon us from Mars or some other far-off place. There are mothers and fathers and boys and girls. They are counting the Christmas money and checking gift lists just now; they know the rush-hour crush at Times Square; they have been thrilled as the subway train has dashed out of its tube onto the Charles River Bridge towards Cambridge; they know their way about the ''Loop''; they wait for the Oakland ferry; they hurry to Washington and Illinois Streets for their car home. They are some one's neighbor and some one's friend. They are very real. And there are 250,000 of them.

Ten years is not a long time to look ahead. And then we are dealing with 500,000 individuals—not people yet to be born, but people who are born. Where are they? We may know something of this. We know, for example, that about one-half of those admitted to the hospitals for mental disease are under forty years of age. About 250,000 of these 500,000, therefore, are now in the twenties or younger—young men and young women at the beginning of things; with school but recently finished or more ambitious school plans just undertaken; experiencing the new thrills of business; giving pledges and making new homes. Plans, plans, plans they have—but there is only one plan. Really, the gods might laugh. The dreams they have! The things they are going to do! But there is one plan. Year by year they will move steadily in one direction—towards the hospital; and each year it will be nearer, and within the ten years each of the 500,000 will have found in the hospital for the insane the bed the state has provided for him. More likely—for it is a good deal to expect the state to provide a whole bed for each patient—it will be a mattress on the floor in a ward planned for 50, but containing 75 or 100.

But it is inevitable—as the world is—there will be no miracle.

One might continue these computations, but I would include only one more period of five years—fifteen years, after all, is a very short time when one is considering any problem of public importance; road-builders look much farther ahead. We are now dealing with 750,000 individuals, a large number of whom are boys and girls in the high school. Many of these are already beginning, in their oddities and idiosyncrasies of behavior, to give evidence of difficulty in adjustment.

III.

Don Marquis, in *The Revolt of the Oyster,* tells the tale of the great fight for supremacy between Probably Arboreal, the representative of our early ancestors, and the giant oyster. As Probably struggles with the unknown thing that holds his foot as in a vise, he calls for help. But while his friends gather about on the shore to watch the combat, which is to end apparently in the drowning of Probably, none will help, for they are sure it is a god or a devil or an octopus that has Probably Arboreal in its clutches. "Since spectacles are always interesting, they sat down comfortably on the beach to see how long it would be before Probably Arboreal disappeared. Gods and devils, sharks and octopi, were forever grabbing one of their number and making off to deep water with him to devour him at their leisure. If the thing that dragged the man were seen, if it showed itself to be a shark or an octopus, a shark or an octopus it was; if it were unseen, it got the credit of being a god or a devil."

And so it is still to-day, though in but one department of life; those qualities we like are from the gods, those we dislike from the devil—but not in the physical world, not in the economic world, not in the world of physical health—only in the world of emotions, in the idiosyncrasies of personality.

And we hold to the view for no better reason than did the friends of Probably Arboreal—if we see a shark, it is indeed a shark; but what we can't see as shark is god or devil.

But the psychiatrist does not incline to shift the responsibility here from human agencies to divine any more than does his brother the epidemiologist. These things are sharks and octopi, for he has seen them. Individuals are not born odd, or queer, or peculiar. Timid, sensitive, blustering, rebellious children are not born, they are made—and made by quite human agencies. These things come only in response to very definite needs on the part of the child and are an expression of the child's effort to defend himself in a situation that is full of confusion and puzzlement for him.

No one helps him. Like Probably Arboreal's friends, we sit on the beach and watch the combat. In those early simian days, Probably's friends evidently were not much concerned as to Probably's fate; during the millions of years since Probably's combat we have at least advanced to the point where we are a bit concerned as to the outcome, for if it is our son or daughter, we have hopes that he or she will eventually turn out well and not disgrace us—but we sit and watch and hope without helping, for in a contest with gods or devils we feel quite helpless. We punish and threaten and berate without at all understanding the process we are dealing with. We hand out moral platitudes without having much confidence in the platitudes ourselves.

IV.

And what is to become, then, of these children now in the high school? As we have pointed out, a considerable number of them are only fifteen years from a hospital for mental disease—but that is not all. A psychiatrist sitting in the school council could not, with these early beginnings of things, pick out, except in some well-marked instances, just those boys and girls whose names are enrolled in the army of 750,000. Several courses are open to the children who at this early age are already beginning to fail in making a proper adjustment. Which road they may take a psychiatrist may not be able to say, but he may say that, if left unadvised, left to find their own way out of the woods of their emotional difficulties, fifteen years will find them well along one of the following roads:

1. Some will find an adjustment that will be excellent for *themselves.* As the future "captains" of this and that or as the "successful" men of their period, they will be much admired by those who do not know just what is taking place, but, in the process of finding their own purely personal emotional salvation, they will crush many of the rest of us. Although the things they have "captained" will have prospered, not quite so much can be said for things in general.

2. Some, as they grow older, will find of their own accord adjustments that will be more satisfactory to themselves and less bizarre or asocial from our point of view than those on the first road. They will get along fairly well—as you and I get along—but distinctly handicapped as the result of the scars of their early combats. We like to think character is so made. Something is made, surely; one may call it character if one likes. So might one make a road by throwing onto a path across a field some sand and cinders, ashes and garbage —in fifteen years it will be something; one may call it a road if one likes—indeed, a good road, one leading straight to Heaven, for by traveling it the weary pilgrim will have cubits added to his moral stature.

No, life is not made richer by these emotional conflicts. Only those can think so who love to hug their troubles to themselves in sweet melancholy. Moral stature is not increased thereby; rather it is stunted or warped or twisted. Strong prejudices, unreasonable likes and dislikes, loves and hates, gusts of blind emotions that surge through us at critical moments and upset our carefully thought-out judgments and plans of conduct—these are the rewards of our early blind combats. But are they gods or devils that at such times have by the foot? The psychiatrist prefers to believe that they are sharks and octopi that are scarring these children and that there are protections against those things.

3. Probably the greatest number of these children, left alone to devise methods of warding off inroads upon their personalities, will curl up within themselves and thenceforth

look out timidly upon the world. They will drift into quietly rebellious, dispirited, unhappy mediocrity—and a mediocrity that is man-made, not god-made; a mediocrity that is not expressive of inherent lack of capacity any more than a child who has an injured heart as a result of the toxins of diphtheria can be said to be lacking in inherent cardiac capacity. Excellent intellects there will be among them, but intellects that cannot be freely used because of the imposed emotional handicaps. Among this group, too, there will be those who will meet similar problems with an opposite type of reaction —instead of with timidity, with boldness, but a boldness that is not courage, but is fear. Fifteen years from now they will be the ''hard boiled'', and become the bullies in the market place, or on court benches, or on commissions and boards of trusteeship.

4. In the above groups there may be only unhappiness, frustration, waste of good material, and no direct social damage except the damage done by those in the first group. So far as social values are concerned, it means, perhaps, merely the change of a sign and a + is made a —. What were perfectly good rubles a few years ago are now worth only a fraction of their former value. And the gods are not responsible for this. But in the group on this fourth road and in the next groups we are faced with a different situation: we are no longer dealing with a negative good, but with a positive bad—bad in the social sense. Children born well who later contract tuberculosis of the spine or infantile paralysis come eventually to plaster casts or braces from which after a time they are relieved, many improved and helped; but children born well who later contract certain habits of emotional reaction come eventually to courts and reformatories from which after a time they are relieved, few of them improved or helped. But each year the tuberculous and paralyzed become less, because tuberculosis and paralysis are caused by sharks and we hunt them out with zeal—and confidence. But so long as delinquency is held to be caused by devils, we will offer up annually huge monetary offerings partly to the devils in the hope of buying them off and partly to the gods in the hope that they

will help us. And the number of delinquents becomes greater each year and the tolls more mountainous.

The psychiatrist has become very curious about this. He has pulled some sharks out of these waters. He is not inclined to take too seriously the young rascal with a sense of humor who raises ruction around the schoolhouse and the town. He is inclined to think rather well of this lad in spite of the fact that teachers and neighbors are sure he will eventually be hanged. As every one knows by this time, most of these boys become ministers and the rest of them, as the world may not know as yet, teachers and social workers. There is a reason. The perverse psychiatrist is interested in some of the quieter types who are usually looked upon with considerable academic and parental favor. The boy who is so good to his mother, the psychiatrist knows, is not necessarily the man who is so good to his wife.

5. Along this road there will be many. No one has ever dared even to estimate the number that crowd it, but every one who has come in contact with it has been seriously impressed. Then, too, it crosses so many other important thoroughfares and in each place creates a woeful confusion. Into it pour thousands from homes and shops and offices. These were but recently, of course, in the schools, and there their adenoids and tonsils were carefully looked after and their intellects carefully trained, but like very many of the children we have been writing about, although they started out hopefully, they didn't long remain efficient in the home, the shop, and the office. It is odd, too, because they had been told not to worry about things, to control their tempers, always to be cheerful and to smile in spite of everything, to be brave and courageous and to believe in success, and to keep themselves pure. Their having failed after all this had been done for them must mean that we were deceived and that they were no good to begin with. There was something inherently weak in them. And we are further convinced of this when we note the same unfortunate traits in their parents. Little girls whose mothers have "nervous" headaches when difficulties arise, so frequently have headaches, too, when there are difficult problems just ahead. The weakness must, there-

fore, be inherent; if there are any sharks in this, they must have been busy in waters that washed the earth a good while ago. One ought to pick out one's grandfather, to be sure, but as one can't, then suffering (and making others suffer) and failing in one's responsibilities (and hindering others or causing them to fail through carrying more than their load) are reasonably to be expected. Consequently, hysteria, neurasthenia, ''nervous prostration'', morbid fears and anxieties, ''nervous'' stomachs, headaches and backaches and a variety of other ''nervous'' aches having really, we say, their cause in grandparents or in some other deceiving person farther back who looked to be a gentleman or lady, and wasn't, and who bit the family tree and poisoned it, therefore we of this generation—teachers and physicians—are relieved of responsibility.

Psychiatrists know how important are grandparents. It would have been unfortunate for any of us if we had had no grandparents. But it is particularly unfortunate that some teachers had the grandparents they did, and the psychiatrist is interested in the reactions of the boy and girl with good grandparents who come in contact day by day with these ogres as they manifest themselves through the helpless, bewildered (personally, not professionally) school teacher. Part of the problem is to get at the right grandparents; or else to discard pretty much the poor grandparents and to fish in water closer home.

6. And finally we come to those who are to fail entirely—that part of the army of 750,000 who are still in the school. It is commonly believed that individuals become insane suddenly. No one ever became insane suddenly. Mental disease develops over a long period of time. From small beginnings it grows insidiously until, to the uninitiated, it blossoms forth in full bloom to the distress and consternation of those taken by surprise. And yet before their eyes and the eyes of school teachers and ministers and friends and family physician, the thing has been developing all these years—only they have called it by other names.

Some will drop out of school before the high-school course is finished; some will finish well—as valedictorians, perhaps.

On they will go to college, many of them, where, on entrance, they will be given a physical examination (with exercises prescribed to straighten their shoulders) and a psychological examination (I.Q. found unusually high—undoubtedly a future intellectual leader), but there will be no one present to note some other minor matters. Some will soon drop out with—many excuses, but the fact is, of course, that they simply were not of college caliber; some will finish little known and with modest grades, but others with honors and keys and the blessings of faculties who have daily nurtured them for four years, but who have never for an hour understood them. And—as the world is—all of them, within the fifteen years, will have been gathered to their mattresses on the floors of hospitals for the insane. There will be no miracle.

As the world is. Sharks and octopi—gods and devils. To-morrow is another day. What is left of our 7,000 babes just born will move forward to join the remnant of yesterday's 7,000 and to make room for the 7,000 of the new day. Already there is a stir among Probably Arboreal's friends on the shore, for Probably has reached down and grasped the thing that has him by the foot and with a mighty effort has thrown himself backward towards the shore. As his feet come out of the water they see it is an oyster—a giant oyster, but an oyster—that has him by the foot. Neither a god, nor a devil, nor even a shark or an octopus, but an oyster. In the allegory Probably wins and the race of oysters sink into the sea never again to challenge the simian ancestors of man. Don Marquis does not say, but it is likely there was much hunting down of oysters after this incident.

Psychiatrists in recent years have been fishing in various waters and have been landing sharks and octopi. Some who have seen these creatures thrashing about on the shore have expressed the belief that the sharks were not of the man-eating variety. Others have not stopped to see because they were in a hurry. Some have glanced at them and turned away, for sharks and octopi are ugly creatures, a bit repulsive to the sensitive. A few hurrying on to their kindergarten or class room or court or pulpit have whispered, nodding their heads, that it was not, after all, the octopus that had squeezed the beautiful child into a gargoyle, but that it was indeed a devil. But there are more and more psychiatrists fishing, and more are coming daily to watch and to examine their catch from the deep pool called Human Nature, the last of the sacred pools, where nothing knowable exists, where mystery broods and in the dark waters only gods and devils contend for man. And as he fishes, the psychiatrist—well, fifteen years is a short time, but then there will be years after that and more babies. Only, 750,000 is a large number.

THE CLASSIFICATION OF MENTAL DEFECTIVES

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IN the last few years we have come to realize that mentally defective persons are characterized by other qualities than intelligence defect, yet we continue reverently to adhere to the practice of distinguishing them only by the terms idiots, imbeciles, and morons. It would be just as rational to label febrile diseases only on the basis of the height of the column of mercury in the clinical thermometer. We all know that individuals of the moron type differ greatly one from another, that all those who are diagnosed as imbeciles are not alike, and that even idiots have a certain amount of individuality. Consequently, when we discuss any one of these, none of us knows what the others are talking about, except that the case belongs in one of certain arbitrary groups determined solely by mental age.

The following suggested classification is intended to provide a common language that may be used to convey a picture of the mentally defective person whom we may happen to be discussing, in the hope that by dividing idiots, imbeciles, and morons into smaller, well-circumscribed groups, we can begin to speak intelligently of etiology and prognosis. It is a hopeless task, with the present classification, to discuss either of these. We are obliged to include so many provisions, reservations, and exceptions that their very number clouds the issue and obscures the ends we are striving for. The whole is equal to the sum of its parts; completely to understand the whole, we must first determine what are its parts, and then proceed to analyze these individually.

In any classification, consistency is the primary requisite. The following classification has for its basis a pathology of three sorts—of the intellect, of the physical organism, and of the character. In other words, it is purely a medico-psychological classification. Cases are grouped as idiots, imbeciles, and morons. Each of these groups is subdivided into neurologic, endocrinopathic, and idiopathic types. These types are further qualified as to personality characteristics, which are specially primitive in the idiot group, fairly simple in the imbecile group, and more complex in the moron group. Further provision is made for classifying mentally defective individuals who are in addition psychotic, and the occasional case that may be erroneously regarded, on superficial examination and observation, as mentally defective.

The Classification

A. IDIOTS
  1. *Neurologic type*
    a. Responsive
    b. Unresponsive
    c. Excitable

  2. *Endocrinopathic type*
    a. Responsive
    b. Unresponsive
    c. Excitable

  3. *Idiopathic type*
    a. Responsive
    b. Unresponsive
    c. Excitable

B. IMBECILES
  1. *Neurologic type*
    a. Tractable
    b. Unstable
    c. Neurasthenic
    d. Egocentric
    e. Paranoid

  2. *Endocrinopathic type*
    a. Tractable
    b. Unstable
    c. Neurasthenic
    d. Egocentric
    e. Paranoid

3. *Idiopathic type*
    - a. Tractable
    - b. Unstable
    - c. Neurasthenic
    - d. Egocentric
    - e. Paranoid

C. MORONS

1. *Neurologic type*
    - a. Well adjusted
    - b. Mentally sluggish
    - c. Feebly inhibited
    - d. Unstable
    - e. Neurasthenic
    - f. Egocentric
    - g. Paranoid

2. *Endocrinopathic type*
    - a. Well adjusted
    - b. Mentally sluggish
    - c. Feebly inhibited
    - d. Unstable
    - e. Neurasthenic
    - f. Egocentric
    - g. Paranoid

3. *Idiopathic type*
    - a. Well adjusted
    - b. Mentally sluggish
    - c. Feebly inhibited
    - d. Unstable
    - e. Neurasthenic
    - f. Egocentric
    - g. Paranoid

D. MENTAL DEFICIENCY—UNCLASSIFIED

E. MENTAL DEFICIENCY WITH PSYCHOSIS (SPECIFY)

F. NOT MENTALLY DEFICIENT

I. CRITERIA FOR CLASSIFICATION WITH REFERENCE TO LEVEL OF INTELLIGENCE

A. *Idiots*

An idiot is a mentally defective person with a mental age of less than 4 years, or, if under sixteen years of age chronologically, an intelligence quotient of less than 25. Individuals of this type are beings whose behavior is controlled to a large extent by instinct, emotion, and simple habit formation. Practically all have gross speech defects and many are physically helpless. They are capable of only the most primitive intellectual activities and can be trained to do only the extremely crude kinds of manual labor. The majority show a poorly coördinated neuro-muscular control.

B. *Imbeciles*

Imbeciles are mentally defective persons whose mental ages range from 4 years to, but not including, 8 years, or who, if under sixteen years of age chronologically, have an intelligence quotient of 25 to 49 inclusive. They are characterized by a lack of continuity of purpose, accompanied by a peculiar susceptibility to environmental factors, even though such factors may change frequently and have a more or less transitory existence. They are unable to utilize previous experiences in dealing with new, yet parallel situations. They have practically no foresight, judgment is rudimentary, and ability to plan is almost entirely absent. They have what may be termed a ''single-track mind''. They can be trained to do those types of manual labor that are not too involved and that do not require too much comprehension.

C. *Morons*

A moron is a defective person with a mental age ranging from 8 years to, but not including, 12 years, or, if under sixteen years of age chronologically, with an intelligence quotient between 50 and 74 inclusive. Generally speaking, individuals of the moron type are alert, capable of exercising a limited amount of reasoning, planning, and judgment, and they have a noticeable, yet limited power of comprehension. Many, with appropriate training, can be taught to do various types of semi-skilled manual work that may require a limited amount of judgment, planning, and comprehension.

D. *Mental Deficiency—Unclassified*

This group is provided for mentally defective persons who do not lend themselves to the preceding classification. It is also calculated to include children still in the developmental period with I.Q.'s ranging from 75 to 90, who show indications of one sort or another that would point to their defect becoming more marked as they grow older.

E. *Mental Deficiency with Psychosis*

Psychoses occurring in mentally defective persons are simple, less complex, and not as well elaborated as those found in normal individuals. The manic-depressive states are of shorter duration and the psychomotor retardation or acceleration is exhibited chiefly through motor rather than psychic or mental channels. The delusions and hallucinations of dementia praecox are simple, lacking in symbolism, and poorly elaborated. Most cases correspond to the hebephrenic and simple types of dementia praecox. It is doubtful if the catatonic type is ever seen among defectives. Psychotic states in defectives, as in normals, represent pathological extensions of characteristic abnormal personalities. The diagnosis is not difficult. Any defective individual who differs to a degree from the general mass of feebleminded persons should be suspected. Such a case has usually either one of two conditions—a psychosis or a personality defect. Both the history and the psychiatric examination usually present sufficient evidence for the proper diagnosis. When a case is classified in this group, the type of psychosis should be specified.

F. *Not Mentally Deficient*

An individual having a mental age of 12 or over should be considered as not mentally deficient. Conduct disorders, backwardness in school, or general inefficiency do not necessarily indicate feeblemindedness; they not uncommonly arise from other sources than mental deficiency. The army intelligence tests showed that of 1,700,000 men examined, 45 per cent had mental ages not over 12. No known cases of mental deficiency were included in this number. Accepting the total examined as a fair sample of the population of this country, we may be justified in assuming that 45,000,000 people in this country have a mental age somewhere around 12. Such people may be considered as dull or subnormal, but they should not be regarded as mentally deficient if we are to use this term as indicative of a pathological condition.

Backwardness in school, dependent on physical or affective factors, is not infrequently mistaken for true mental defectiveness. Conduct disorders, resulting from defects in personality or unfavorable environmental influences, may occasionally erroneously be regarded as an indication of mental deficiency in a child who may be only slightly backward or normal as far as his intelligence is concerned. Psychoses most frequently confused with the lower grades of mental deficiency are the hebephrenic and simple varieties of dementia praecox, the paranoid type of dementia praecox in its deteriorated stage, juvenile paresis, and constitutional psychopathic inferiority. The history in these cases furnishes the most satisfactory data for making a differential diagnosis.

II. CRITERIA FOR CLASSIFICATION WITH REFERENCE TO PHYSICAL STATUS

1. *Neurologic type*

This type includes those cases that have a demonstrable pathological condition of the nervous system—namely, monoplegia, diplegia, paraplegia, hemiplegia, cerebrospinal sclerosis, gross atrophies; also idiopathic epilepsy, Jacksonian epilepsy, deaf mutism, microcephaly, hydrocephaly, porencephaly. It does not include solitary ocular palsies, speech defects, or minor muscular incoördinations.

2. *Endocrinopathic type*

This type will include cases that have a clearly defined glandular syndrome. The following syndromes are those most commonly seen:

> *Mongolism:* Short, stocky build. Hands broad with short, stubby fingers. Loose ligaments. Skin over the wrists and hand, ankles and feet, usually thickened, dry, reddened, and rough. Skin over the trunk and thighs either dry or mottled. Quantity and distribution of hair infantile. Bridge of nose flattened. Palpebral fissures slantwise with

reduplication of inner canthus. Tongue furrowed transversely. Teeth small, peg shaped, and may have enamel defects. A chronic blepharitis and nasal discharge is frequently seen. Low blood pressure. Genitals infantile. Blood sugar low. Radiograph of sella turcica shows a distinct anterior excavation in about 90 per cent of these cases. Mentally they are restless, alert, active, and constantly on the go. The condition seems to be a polyglandular affair contributed to chiefly by the thyroid, pituitary, thymus, and in a measure the adrenals.

Cretinism: Hypothyroidism or athyrosis present from birth. Characterized by a short build with particularly short extremities in contradistinction to a trunk of fairly normal length. Trident hands. Scant, dry, brittle hair. Dry and thickened skin. Flattened nasal bridge. Thickening of lips and tongue. Teeth peg shaped and chalky. Poorly developed genitals. Low blood sugar. Mentally sluggish, lethargic, and usually good-natured. Frequently there is seen evidence of a compensatory pituitary overactivity.

Hypothyroidism: This condition has many points in common with cretinism. For practical purposes, it may be said to be a lesser degree of cretinism, or ''cretinoid''. Unlike cretinism, however, it is not necessarily present from birth. The general build, facies, and the integumental and genital characteristics resemble those of cretinism. Often accompanied by varying degrees of goiter; this does not have to be present, however, in order to warrant a diagnosis. The condition may be due to insufficient thyroid substance, an underactive gland, or to a normally active gland with an inactivated secretion.

Hypopituitarism: These cases are recognized by a generally small, but well-proportioned skeletal structure with a greatly increased amount of subcutaneous fat. The features are small, the eyes close set, the jaws narrow, with crowded teeth and a high-arched palate. Fingers tapering. Genitals small and poorly developed. Enuresis is common. Low blood sugar. Radiograph shows a small sella turcica. Frontal and temporal headaches are not uncommonly complained of.

Froelich's dystrophy (dystrophia adiposo-genitalis): This is a condition of hypopituitarism together with status lymphaticus which is present during the developmental period. The chief characteristics are lack of sexual development, together with sex inversion and adiposity. The adiposity is not only general, but is especially characterized by large subcutaneous deposits over the pectorals and scapulæ, the abdomen, lumbosacral region, and the proximal half of the extremities. Enuresis is practically a constant feature. The sella turcica is very small. Frequently a thymic shadow can be obtained in an X-ray. The blood sugar is low with a remarkably high carbohydrate tolerance.

Status thymic-lymphaticus: This is a condition in which there is an exaggeration of infantile characteristics or a perpetuation of youthfulness. To a certain extent it may be said that there are two types, the chief and only difference, however, being in the stature. One type is tall and thin with a long, delicate, bony structure, while the other is short and small boned. The explanation for this is found in the activity or reduced function of other glandular elements, particularly the thyroid and pituitary. Both types have a pink, velvety, delicate skin, free from the usual fine hairy growth; the hairs that may be present are of the lanugo type. The jaws are narrow with a high palatal arch. Tonsils frequently hypertrophied. Teeth crowded, irregular; central incisors large, lateral incisors often absent or, if present, very rudimentary. Genitals show inversive tendencies as well as being small and underdeveloped. Enuresis is common. Blood pressure and blood sugar low. The blood picture shows an actual as well as a relative lymphocytosis.

3. *Idiopathic type*

This type includes those cases that have no demonstrable physical evidence of a neurological nature, even though they may have a history of an organic brain disease or brain injury, and those that do not have a well-defined glandular syndrome. The majority of the cases to be included under this type will be those that have defective antecedents and those whose defect seems to have had a spontaneous origin, provided they do not lend themselves to classification under either of the two preceding types.

III. CRITERIA FOR CLASSIFICATION WITH REFERENCE TO THE CHARACTER REACTIONS OF THE IDIOT GROUP

a. Responsive

This term is used to qualify those idiots that are tractable, docile, and fairly alert.

b. Unresponsive

Those idiots that are apathetic, indifferent, resistive, and lethargic should be classified here.

c. Excitable

This defines idiots that are irritable, quarrelsome, and given to episodes of excited emotional outbreaks or ''brain storms'' in relation to extrinsic or environmental irritations.

IV. CRITERIA FOR CLASSIFICATION WITH REFERENCE TO THE CHARACTER REACTIONS OF THE IMBECILE GROUP

a. Tractable

Imbeciles of this type are quiet, coöperative, complacent, cheerful, contented, and easily managed.

b. Unstable

This group includes imbeciles whose chief characteristic is that they are almost completely dominated by their feelings and emotions. Such a condition usually gives rise to an emotional outburst of some sort whenever certain wants, wishes, or demands are not immediately supplied, fulfilled, or granted. Those cases whose instability is on a neurasthenic, egocentric, or paranoid basis should be placed under one of the following appropriate headings and not classified here.

c. Neurasthenic

Under this heading are grouped those cases that are characterized by a motor and mental fatigability and irritability. They complain in a hypochondriacal fashion of various hyperasthesias, parasthesias, and other somatic aches, pains, and discomforts. Many are emotionally unstable on the basis of their neurasthenic make-up.

d. Egocentric

Includes those imbeciles who are egoistic, selfish, individualistic, inconsiderate of others, and always trying to make themselves the center of attraction; this latter may be accomplished by various types of disorderly conduct. They are sensitive and easily offended. The combination of egoism and sensitiveness may render them liable to emotional explosions.

e. Paranoid

Applies to those who are suspicious, seclusive, with ideas of self-reference and sometimes mild persecutory notions. They are inclined to magnify or misinterpret circumstances of little account. They may be irritable, quick-tempered, and sullen.

V. CRITERIA FOR CLASSIFICATION WITH REFERENCE TO THE CHARACTER REACTIONS OF THE MORON GROUP

a. Well adjusted

Includes those morons who have a comparatively normal personality, are emotionally well balanced, and have a certain amount of tenacity of purpose; those who are mentally alert, interested, willing to learn, and anxious to please.

b. Mentally sluggish

There are certain morons who, despite the fact that they may have a relatively high mental age, are dull, very slow to learn, sluggish, uninterested, and unable to do more than one or two things well, and who require almost constant direction in their industrial activities. Their comprehension seems to be limited rather out of proportion to what their mental level would indicate.

c. Feebly inhibited

Feeble inhibition is characteristic of defective persons as a class. This more or less parallels mental age. Mentally defective individuals of the higher grades of intelligence, although not endowed with well-developed inhibitions, are usually more self-controlled than those of medium or lower-grade intelligence. A certain number of morons, who should be classified here, are especially lacking in tenacity of purpose, easily led, and almost entirely subjugated to environmental influences. They repeatedly appropriate property belonging to others, are naïvely untruthful and unreliable, and are at the mercy of unscrupulous, immoral persons.

d. Unstable

This type includes morons who are quite at the disposal of their feelings and emotions. Their behavior is of an uncertain quality and is very apt to be governed by the concomitant emotional state. In addition there should be included here the morons occasionally encountered who are subject to fundamental swings of mood. At one time they may be elated, mildly euphoric, boastful, and overtalkative; at other times mildly depressed, unhappy, and worrisome, showing a slight psychomotor retardation. Those cases whose instability is secondary to or dependent upon a neurasthenic, egocentric, or paranoid defect of personality should be placed in one of the following appropriate classes and not included in this class.

e. Neurasthenic

Includes those morons who are characterized by mental and motor fatigability and irritability. They are usually tense, high-strung, and given to exaggerating or magnifying somatic discomforts to a hypochondriacal degree. In addition they may be more or less unstable.

f. Egocentric

This defect is frequently one of the chief factors in delinquency. In order to appease an inferiority feeling, individuals of this type are vain and cultivate an attitude of superiority. Their conduct is so gauged as to insure their being the center of attraction. They are egoistic, selfish, and inconsiderate of others. In order further to protect their sleeping inferiority complex, they throw about themselves a chain of defenses in the form of extreme sensitiveness to criticism. They have a remarkable facility for blaming circumstances and others for their own faults and mistakes. They usually have a well-stocked storehouse of excuses and explanations, which they draw on to a degree approximating pathological lying. They are prone to react to ordinary direction and criticism in an explosive fashion. Those that are sex offenders are particularly aggressive and in this respect display a remarkable initiative.

g. Paranoid

Here are placed those morons who are characterized by suspiciousness, feelings of self-reference, and mild persecutory notions. They have a tendency to misinterpret ordinary events and to discern ulterior motives in them. They are usually distant and unfriendly. They may be irritable and quick-tempered.

It must be unequivocally recognized that this classification is not in any way intended to concern itself with etiologic forces; the ill-defined state of our present knowledge of this subject would hardly warrant such a perilous venture. To reiterate, this classification is based entirely on the medical and psychological aspects of the clinical picture. Furthermore, it is self-evident that it does not deal with any such involved technics as psychoanalysis; the only suggestion of this is found in the character subdivisions of the moron group, where an attempt is made to force some clear thinking as to what sort of a reaction may be considered fundamentally related to the problem of sex delinquency in the individual case.

The writer is firmly convinced that some such method of classification as this must be adopted before any conclusions can be drawn as to probable etiologic factors in mental deficiency; pointed observations will be almost an impossibility, however, if we continue to try to work with such large, unwieldy, heterogeneous units as the idiot, imbecile, and moron groups.

Finally, this classification is merely tentative. Theoretically, there are many weak spots in it; only through its practical application over an extended period of time, in contradistinction to an academic discussion of its merits and inadequacies, can its discrepancies be adjusted.

NEUROPSYCHIATRIC WORK IN INDUSTRY*

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IN neuropsychiatric work in industry, the problems we meet are, in a large measure, the same as those encountered in a clinic or in private practice; certainly we discover no new diseases. We are dealing with human beings and their reactions as individuals. In the majority of cases, work is not a causal factor in the breakdown. The symptoms of which the patients complain are not new—nervousness, indigestion, crying spells, headaches, fears and apprehensions, insomnia, irritability, various vague pains, palpitation, weakness, and depression. The diseases are the same that one sees in a dispensary: organic diseases of the brain, spinal cord, and nerves; functional disorders, neurasthenia, hysteria, psychoneuroses; psychotic states such as melancholia, excitement, and paranoid reactions; disorders of the ductless glands, especially the thyroid. The Metropolitan Life Insurance Company requires of its employees an annual physical examination, and places at their service a dispensary equipped with all the scientific diagnostic aids of a modern hospital—that is, facilities for X-ray examinations, dental examinations and prophylactic care of the teeth, laboratory analyses of urine and blood, and tests of basal metabolism. It is obvious that the early discovery and treatment of diseases is a benefit to employees and, therefore, to the company. The purpose of this paper is to explain how the nervous patients are handled in this company, and to show what is accomplished by a specialist working in close contact with employees.

Since nervous symptoms and diseases are familiar to you from your experience in neurological and psychiatric clinics and since the largest group of cases is made up of functional diseases dependent upon personal problems and failure in adjustment to them, instead of giving a formal presentation of the number and kinds of cases seen, it would seem more advantageous to discuss the work in general and its relation to mental health and to give some histories that will illustrate what is being done.

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From the reports of neuropsychiatrists in the army, we know that actual exhaustion from physical fatigue was not an important cause of breakdowns. We know that the majority of the so-called ''shell-shock'' cases did not result from actual concussion, but were the reaction of the individual to his experiences in war. The term ''shell shock'' is going out of use; such a term as ''fear neurosis'' is being used instead. The long cases that have hung over since the war are cases of tuberculosis and mental disorder.

The method of treating nervous and mental patients in hospitals consists mainly in studying the individual and his personal problems, especially his emotional life, and using various means to get the individual to adjust again, in a normal manner, to life. Perhaps the most important aid in bringing about such readjustment is occupational therapy. The patient derives great benefit from a well-regulated routine of activity. His interest is stimulated by making something or carrying on some actual work. Often these therapeutic occupations are rather artificial because they have to be adapted to what the patient can accomplish in his particular stage of illness—for example, basket making or weaving. These simple activities have a great value in themselves, though they are usually of little aid in bringing the person a livelihood. With nervous people in industry, we have occupational therapy at its best. The patient is doing work that is necessary and is earning a living, but it is important to see that he is not given something beyond his capacity or something that is absolutely distasteful. There is a great health-giving stimulus in the contact with people who are normal and interested in accomplishing something. Individuals who have actually very difficult personal problems and situations, which we perhaps cannot change very much, manage to forget their difficulties and forget themselves in the demands of the day.

The question may be raised, ''Does not the monotony of the job cause nervousness?'' It does, but much less frequently than one would suppose. A few days ago a girl who had been absent a day complained in the dispensary of being tired and exhausted. She had not lost weight, no physical ailment was discovered, and her condition was termed nervous exhaustion. She had very few complaints: her sleep was rather broken; she had become impatient, irritable, and fidgety; and she worried a good deal, but could give no special cause and thought that worry was a family trait. She had been with the company for nine years. For the last five years she has been a comptometer operator. She said bitterly that she was tired of it and wanted a change. The clerical positions open to her would not pay as high a salary, so she felt forced to stick to her operating. In 1917, after having spent fourteen months at the company's sanatorium as an incipient tuberculosis case, she had entered nurses' training, but had found it too taxing on her strength and had returned to her position. It was pointed out to her in the course of the interview that, unfortunately, we are all caught in the system of specialization, those in the professions as well as those in industries, so that one physician does nothing all day but examine eyes, another stomachs, while another sees nervous people all day long.

In this case, as in many others, one had to make plans for recreation and diversion. With short hours of business—the day is over at four-thirty—clerks can arrange for such outside interests. This patient belonged to no clubs, followed no sports, and did not seek out interesting books. Presently she said she realized that she had been in a rut for two years and she made up her mind to do something to break the monotony. She is well balanced and can easily develop resources. She has perhaps clung to her disappointment that she could not be a nurse.

To create interests and develop them requires determination. In the following case, given as a contrast, one sees a man who makes a failure of it, though he has the advantage financially. He owns his home, possesses other property, and has his own automobile, but he is dependent in nature and lacking in stamina. He complained of nervousness and tension. He had a tightening sensation in the head as if something were crunching up his brains. He broke down, cried, said that his work was heavy, that he was making many errors, and it hurt his feelings to have his supervisor speak disparagingly to him. He declared that the whole thing was breaking his spirit and that he must have a change. As a matter of fact, his work was poor, he was behind with it, and his desk was in bad shape. He was given sick leave for three weeks and came in several times to talk matters over.

His father had held an important position and had left him some money. His mother died at his birth. He has no relatives and does not wish his wife to have a child for fear that he will lose her. He is full of self-pity and, though thirty-three years old, bemoans the fact that he has no father nor any one on whom he can lean. He and his wife live a very isolated, empty existence with no social contacts. She, apparently, is as resourceless as he.

He felt that he could not think of returning to the monotony of desk work and decided that he would try the real-estate business. Probably he will be better, since this will give him a more varied life and more contacts, but one suspects that soon he will find the hustling life of a real-estate agent too exhausting.

Besides helping people to develop interests and to find outlets for energy other than work, one must see that there is not too much discrepancy between ambitions and capacity for achievements. A girl of eighteen had been absent a few days on account of nervousness. She complained of nausea, insomnia, exhaustibility, crying spells, restlessness, irritability, and was depressed and discontented because she could see no possibility of satisfying a yearning she had to become a physician. This was a rather strange ambition, entirely out of keeping with her intelligence level and her situation. She had had two years in high school and had been going to night school, straining to complete her education. The idea seemed to have taken possession of her mind and she had no realization of the amount of preparation and the long course of study such a profession would require. She was an orphan, but had a good home with an aunt and older brothers. She was a very slight, frail girl, undernourished, and her condition was such that she was given a leave of absence and sent to the country.

She responded very well to the advice that she face facts and adjust herself to them. It was suggested that she might become a nurse, but even for that profession she would have to build up a much better physique and it would be wise to hold the matter in abeyance until she is twenty. She has reported from time to time and is contented with her work, which she is now able to carry, but has a tendency to nausea and stomach attacks when things come up to worry her.

Most of the clerks enter the company at seventeen. All of them have had a public-school education; there are some high-school graduates, and a great many may have had one or two years of high school. When they come in directly from school, they get into the swing of work, and excellent habits of industry are established which stand them in good stead all their lives. On the other hand, those who come in in the twenties, who have had a number of restless years or, perhaps, have not been employed at all, have great difficulty in settling down to working day after day, routine fashion. It is not only that they lack habits of industry, but that they have acquired, in many cases, habits of invalidism which show in the way of frequent headaches, weak spells, and nervousness, symptoms that are often habit reactions. They are solicitous about themselves, wonder if they are strong enough to work, and lack confidence in their endurance.

Usually there are difficulties more intimate and personal than monotony of work and emptiness of nature. It is necessary to ascertain what these problems are and to determine whether they are being met in a healthy manner or whether there is some morbid mental process in operation. To do this it is absolutely necessary to win the confidence of the individual. Naturally, the atmosphere is somewhat different from that of a physician's office, to which a patient goes of his own accord to discuss his problems. On the other hand, by being a part of the same industry, a physician has the opportunity of seeing his patient frequently, and of talking with those who supervise him, who perhaps have known him for a number of years. Through the nurses who visit the homes of sick employees, one is able to gain a very good idea of the family situation, the home atmosphere, and the estimate of the mother or the home-maker of the patient. These nurses in their visits accomplish a great deal in the way of creating a more healthy mental and social atmosphere, just as nurses bring about better sanitation and better health conditions generally. A word from the nurse is usually sufficient to bring a relative to the office for a conference. In the Metropolitan Life Insurance Company, it is common to find more than one member of a family employed; there are fathers and daughters, sisters, brothers and sisters, and cousins, so that one frequently has an informant at hand. Very often we have more than one patient from the same family.

The campaign in mental hygiene, nowadays, is aimed at getting hold of patients before serious conditions have developed. Having a specialist on the medical staff of an industry seems a great prophylactic step. Repeatedly, peculiar behavior and changes in personality are noted by heads of departments in charge of clerks before anything has been noticed at home. Moreover, the extreme sensitiveness on the part of relatives to mental illness makes them reluctant to see changes when attention is called to them. For example, a young man suddenly behaved in a very odd way in his department. Nothing had been noted before except that he had complained somewhat that the man who checked up his work and supervised it was being too severe with him, charging him with too many mistakes. Then one morning he brought a peculiar package to his section head, which he unwrapped, taking out a magazine and then a picture of his baby. He said that his fellow clerks, especially one woman who had worked near him, were talking about him and making such remarks as, ''Yes, it's a nice baby, but in a year from now you will not be able to dress it so nicely. You will not be able to take care of it.''

The section head assured him that no one had been talking about him and that the woman whom he accused hardly knew him, but he could not be convinced. The young man was told that he was nervous and it was suggested that he might like to go to the sanatorium which the company maintains. Whereupon he immediately got into a panic and telephoned to his wife that she should get their valuables from the safety-deposit box and meet him at the station with their baby, and they would run away, because he thought the people in the office were trying to separate them. After that, the patient was not allowed to work, a nurse visited the home, and the man's father was called to the office and told that his son showed symptoms of a very serious mental breakdown.

The young man remained at home for a week or ten days, was quiet, and showed no odd behavior. In a telephone conversation with the family physician, it was found that the father had given him no information whatever of the delusional state which the patient had manifested. Other mental symptoms developed and the man had to be sent to a hospital. This case illustrates the advantage of being able to put immediately into the hands of family physicians facts of the greatest importance.

In another instance, in her round of visits to the homes of sick employees, the nurse found a man who seemed very nervous and, she thought, depressed, so she asked him to come in for an examination. He was a typical picture of the paralysis agitans type of encephalitis lethargica. His speech was slurring, he was constantly drooling saliva, he had very marked tremor, and his gait had changed. The condition had been gradually developing for two months, yet he had been steadily on the job. He had not reported to the dispensary, but had consulted a private physician, who had told him it was a case of nerves and that he must fight it. His occupation was that of a day watchman in a corridor and, as long as he was on duty, his superiors did not realize that he was sick. The man's wife had been operated on a few months previously for cancer of the breast and he was exceedingly worried about her. His fellow watchman had attributed his condition to worry and, presumably, the family physician took the same attitude.

A boy who had been in the company only a short time and had been absent a few days was sent for examination. In reporting his absence, the section head said that there was something odd about the case, for the boy was dull and unable to concentrate on his work, yet he appeared intelligent and had been an honor student in school. He coöperated well on examination, and did not show any unusual behavior except a peculiar mannerism of closing his eyes at intervals. In response to questions, he said a change had come over his mind, a sort of dream state. He thought it might be due to his eyes. He complained that his skin seemed too loose, especially on his face, and that his chin was not strong. The mother was sent for and asked to take the boy to Bellevue Hospital for observation. From there he was admitted to a state hospital as a case of dementia praecox. The mother had noted nothing wrong except that for the last month the boy had been indifferent and had complained of weakness. She had worried because he had made friends with an undesirable companion, but she had not suspected that he was seriously ill.

On going over the records for 1922, it was found that 14 per cent of those examined had been discontinued from the company by May 1 of this year. An employee is not given health insurance until after he has served six months. During this period one may say that he is on probation so far as his health record is concerned. A few had been dismissed because they showed evidence of nervousness immediately after coming to the company or had given false statements concerning past health records, but some left to stay at home, a few simply failed to report for work, two secured better positions, and a number of the girls left on account of marriage.

It will be seen that many who are referred for examination are going through a period of unrest and instability. Very often this is due to changes that are taking place within the individual, adjustments to new emotional situations—for example, becoming engaged. A girl may work steadily for five years with an excellent record. As soon as her attention becomes divided and her interest is more in shopping than in her work, she becomes discontented, restless, and nervous. Very often girls who are referred are very poorly oriented in sex matters and they become frightened and upset at the prospect of marriage and the change that it will mean in their lives. Though engaged, marriage may be far in the future, so that after a few personal talks they become stabilized again and settle down to the routine. Several cases amounting to anxiety neuroses have been successfully managed without loss of time.

The examinations are now taken as a matter of course by the employees and they usually come voluntarily to seek advice, just as they go to the dispensary for any ailment. Those who come in this way for consultation usually make excellent progress. One finds all types of the psychoneuroses, anxiety states, hysterias, and depressions, conditions that are mild and permit the individual to continue his work.

In some cases a brief leave must be granted when rest is required for recuperation, but in that case very definite plans for treatment are outlined. The patient reports from time to time for interviews, in which his problems and conflicts are discussed in a detailed manner. He comes to have an interest in getting well and confidence in what is being done for him. The ordinary practitioner is usually not interested in a purely nervous case. He is apt to speak of the patient as a ''nut'' and to be so bored that he dreads to see him. He may treat him in one of two ways. He may say that it is a question of nerves, which the patient must fight out for himself as medicines are of no avail; whereupon, the patient often turns to a Christian Scientist or a chiropractor. The other method of treatment is to prescribe a rest cure or to give various kinds of local treatment, with the result that the attention of the patient is centered more than ever on his complaints and his hypochondriasis increases. One must, of course, see to it that the physical side is not neglected; it may be necessary to supply hypnotics to tide over sleepless periods, to provide milk, to improve the nutrition, or to outline plans for exercise and recreation. Occasionally, however, the one great need of the patient is for a little sympathy, appreciation, and encouragement. A girl of twenty-two, who had been working for the company for five years, was referred from the dispensary on account of headaches. She had lost no time from work, but was exceedingly tense, had grown irritable, and sometimes cried for no apparent reason. She is an only child, and her parents, over sixty years of age and incapacitated, are dependent upon her earnings. She had three years in high school and left to go to work. Off and on she has taken courses at night. She is particularly interested in literature. She is ambitious and wants to accomplish something in life. These ambitions do not seem out of keeping with her mental capacity, but she is bound down by her economic situation and has grown discouraged. In her own way, she has tried to develop her resources, but has become rather warped, due to the lack of balancing contacts. She says that she has deep thoughts and if she talks about what really interests her, her fellow clerks say that she is crazy. Two years ago she studied the Bible, but in a very critical attitude, throwing over her religion, which had probably been a steadying influence. Then she took up Russian literature. Her family physician evidently saw something wrong with her mental hygiene, took radical measures, tore up her library card, and told her that she should give up reading. A more sensible course would be to guide the girl in her reading so that she can get something constructive and helpful from it.

She had been going with a man for a year and considered herself engaged to him when, by accident, she discovered that he was married and had been deceiving her. This blow came about two months before she was sent for examination. The shock of having been deceived and the loss of a companionship that she had enjoyed must have played a rôle in creating tension and headaches.

One sees any number of employees of the conscientious type who carry heavy burdens and need and deserve a word of encouragement and guidance in adapting themselves to circumstances that are unalterable.

From the standpoint of the company, there are certain situations in which subsequent action is dependent upon the opinion and advice of the specialist. These situations relate to (1) the payment of disability, (2) the question of retirement, (3) the advisability of excusing from overtime work, (4) the changing of vacations after the schedule has once been made up, (5) the possibility of cutting down frequent absences ascribed to ill health when there is no physical disease apparent.

When the question of money enters into the already complicated picture of a nervous case, difficulties are increased. In a case of traumatic neurosis it is, as a rule, advisable to pay damages in a lump sum, for to deal out small amounts each week only keeps the invalid nursing his aches and pains so long as there is any money coming to him for doing so. While in many cases it may be an incentive to an employee to get well if he does not receive money, on the other hand, nervousness is a legitimate illness and, for a certain period of rest and recuperation, disability must be allowed. The problem is indeed a complicated one and ofttimes vexatious.

The following case may be cited to show the immediate benefit that followed the cutting off of disability payments.

A man of forty-one, who had been in the employ of the company for seventeen years, suddenly, in the summer of 1916 while in a barber's chair, felt that he was going to faint. Afterwards he became nervous and apprehensive with many fears. He was in the sanatorium from September 1916 to February 1917, as an incipient case of tuberculosis. After his return to work, he had frequent days of absence and one long period of disability from May 1920 to January 1921. His physicians then reported that his mind was gradually becoming deranged; he was depressed and feared being sent to an asylum. In February 1922, he was referred because of his frequent visits to the dispensary. Every few days he came up to be reassured about something; usually he asked to have his heart examined. He complained of vertigo and felt that his legs were not strong enough to carry him; he would not go out alone and would not even leave the building unless accompanied. His wife also had a position as a clerk and came and went with him to and from work every day.

He was seen at intervals from February until September, when he asked for a sick leave. The disability department wished to know whether this was necessary as the man had a reputation of taking off every day that could be credited to sickness, working just enough to keep his disability payments up to the maximum amount. It was advised that disability be refused. When he returned after a few days' absence, he was quite surprised that he received no money. He also found that his section head, who had been very indulgent and patient, was thinking of transferring him from the department on account of his very poor record.

The patient became alarmed, promised to do anything asked of him if permitted to stay on his old work, and from that time on really made every effort to do the best he could. He even went about the city alone on errands and began to take pleasure in the freedom he had gained from his fears and apprehensions. He ceased being a nuisance to the dispensary physicians and his section head now reports that he seldom talks about his health and has become interested in his work. He has recently bought a radio, and spontaneously reported this new interest, saying that it is the first time for years he has been able to forget himself.

Perhaps the false impression has been given that simply cutting off the patient's disability cured him. As a matter of fact, a good deal of time and patience had been spent on him from February until September. Many of his nervous habits had already been broken—for example, that of constantly taking his own pulse. The emotional factors of his life had been reviewed and quite a lot of interesting material had been brought to the surface; for example, his first wife had died very suddenly, immediately after his return from the sanatorium. Whatever gain he had made there was probably lost through this emotional shock. From then on he was dominated by fear of sudden death. Although he had married again, and quite happily, his second wife did not fill the place of the first, whom he had known since childhood. It was not until three months after the first interview that his real feelings of grief came to expression. Actual constructive results had been gradually accomplished in the interviews with the patient, but the cutting off of his disability first made him realize that he had achieved an emancipation from his phobias and hypochondriasis.

A field worker from a district office in another state had been with the company for twenty-seven years. He came to the home office in September for consultation about his situation. He had been under the care of a physician since February, but had not given up work until July. He complained of insomnia, nervous indigestion, melancholia, and dreams of the anxiety type, and had a fear of losing his mind. He had gone to Atlantic City for a few weeks and the physician who examined him there sent in a report advising that the man be put to work, that his symptoms were all subjective. He added gratuitously that people would stay at Atlantic City as long as possible and he saw no reason why the patient should do so.

The next physician who saw him recommended retirement. On going over his record, it was found that in 1907 he had had a mild breakdown lasting only a brief period, in 1917 he had been in the company's sanatorium for seven weeks, and again in 1918 for thirteen weeks. The previous conditions had been similar—depressions that were reactions to difficult problems.

The man was fifty-two years of age; the symptoms that he showed were benign; he had recovered three times before from mild attacks of melancholia. To retire him at fifty-two when his physical condition was good would undoubtedly be a blow to him and would prolong his illness. Advice was given that he be carried on disability for a time longer. Three and a half months later he had entirely recovered; he seemed a very different person with his interest and energy again in evidence.

In regard to overtime, at certain seasons some sections are very busy for a period of a few weeks and clerks are required to work on into the evening. For this they receive extra pay. It seems fair that all of them should remain on the job unless an adequate excuse is offered. A man of thirty-four, who has been with the company sixteen years, was referred for examination from the dispensary because of sleeplessness, worry, nervousness, and indigestion. He did not seem in bad shape physically, but complained that he could not work overtime. He was not very talkative and the condition seemed obscure. He had never had any leaves granted on account of sickness, and his dispensary record was remarkably clear except that in 1920 there were a few months when he made frequent visits on account of vague complaints. The physician had written on the card, "Bunk. Wants to dodge overtime. Nervous, worried; will not say what he worries about." His attention was called to this and he was asked for an explanation of his worries at that time. He smiled and said that he had been engaged; he had been all worked up about it—it was the wrong girl—and the engagement had been broken off.

This gave the key to the present situation. He admitted that he was now engaged again and obviously he was reacting in the same manner. He felt miserable, jumpy; his stomach jumped as if it had convulsions. Work worried him and he blamed it for all his troubles. He was mildly depressed and said that he would rather be out of the way than go on like this. He had become irritable and inert and had given up all his amusements. Whereas he used to be popular, he felt that people did not care for him now.

This did not seem to be a case where the patient could be forced to fight it out alone without aid. From the time when he came in in the morning he was in a state of apprehension for fear that he would not be able to finish by four-thirty; he could hang on that long, but no longer. A medical excuse from overtime was furnished; he was tremendously grateful, and as a result made an excellent patient, entering into an analysis as to why an engagement to marry may bring on illness. He has kept at work every day, and a breakdown with loss of time has been avoided.

In May the heads of departments arrange a schedule for the clerks' vacations. After the time has been assigned and plans made, it causes great inconvenience, and work may be seriously disrupted, if this schedule is broken up. Clerks may complain that they are nervous and must get away immediately. No one wishes to be unjust if they are sick. On the other hand, if something can be done to alleviate the nervousness and they can continue at work until the appointed time for their vacation, it means a great deal in keeping up the work of the department. Those who complain of nervousness, therefore, and ask for immediate vacations are sent for examination. It may be that the patient has problems which can be straightened out or mitigated so that work need not be interrupted. Provided a person has a sincere interest in his work, a great deal can be done by an appeal to loyalty and to a feeling of responsibility for fellow clerks.

A girl was referred last summer, in June, because she felt that she must have her vacation. It was her reputation that every year she wanted her vacation early and then could not hold out through the summer. She had a good record—had been out only on occasional days, with a two weeks' leave in 1921 on account of nervous exhaustion. At the time of the examination she had been having dizzy spells for two months, usually brought on by excitement. She had had headaches since childhood and had always been nervous, easily upset over anything, and always crying; she is still called a cry baby. In childhood she had tempers, would shut herself up in a dark room and cry.

It was found the dizzy spells were dependent upon menstruation which was irregular. She also had a palpable thyroid, a slight tremor, and was thirty-five pounds overweight. As to the immediate situation, she had become engaged only a month before the interview. She wanted her vacation because her fiancé could go away at that time.

In talking over the matter, it was found that she had a good many points of sensitiveness. She was afraid to marry and refused to wear her engagement ring; moreover, she hesitated about getting married because she would have to live in a suburb and could not think of being so far away from her parents. She did not have adequate instruction about the physiological facts of reproduction and immediately became interested in a plan for treatment of her neurotic state. She was actually quite loyal to her section head and fellow clerks and was willing to stay on the job when she found that she would get some help. She worked steadily through the summer and took her vacation in September, according to schedule.

Only one more history will be given. This will illustrate the possibility of improving attendance when frequent absences are attribuable to nervousness or exhaustion. This woman, aged thirty-seven, is now under treatment. She has been with the company since 1909. In 1914 she had a nervous breakdown and was in a convalescent home until March 1915, when she was sent to the company's sanatorium, remaining there until October 1917. She was considered a moderately advanced case of tuberculosis. Since her return she has been away at different times, perhaps a month, for debility or nervous exhaustion. She has also, at various times, taken a few weeks' leave at her own expense because she felt unable to work and the physicians did not find a physical basis for granting her disability. She was the youngest in a large family. Her father had been very alcoholic, her mother died when she was a child, and an aunt, who had been brought up in a convent, came into the home. This aunt was exceedingly strict, and most of the patient's present sensitiveness is due to the severe reprimands that she had in childhood for trifles. For example, when she was about sixteen, she answered the doorbell; a man was there, a neighbor, and she smiled and spoke pleasantly to him. For this the aunt reproved her, saying that she had been sinful and immodest. Thereafter she avoided answering the doorbell and would disappear if any strange man came to the house. She went through a period of being a man-hater and complains that she is uncomfortable to this day in her work because, if she has to come in contact with men, she blushes so painfully.

During this year the patient had been absent eleven scattered days and had been home sick a week when she was sent for examination. She complained mainly of nausea, belching of gas, and fatigue. She was disheartened, discouraged, and felt that she could never be strong and well. Her sleep was disturbed by dreams from which she awoke terrified and trembling. Examination brought out the fact that, aside from her unhappy home and heavy burdens, her inner life was disrupted with conflicts of an instinctive nature. She was much relieved to be able to talk to a woman physician, and it was not difficult to help her because she so sincerely wanted it. She returned to work, but has to be seen once or twice a week because other experiences which are buried in her memory come to the surface and upset her. She still needs encouragement and help in becoming de-sensitized to various painful memories.

She carried on her work for perhaps three weeks; then was sick and absent a day. In getting the details of what had happened, it was ascertained that she wakened from a dream nauseated and immediately vomited clear fluid. This condition kept up all day long, though there had been no headache, no biliousness, no constipation, and no indiscretion in diet. When she thought of the dream, she became nauseated. The dream in itself was simple: a fellow clerk was eating an apple and passed it on to the patient, asking her to finish it. She had taken a few bites about the core when she suddenly awoke in a state of nausea. No attempt was made to interpret this dream on a symbolic basis, but it led to the ventilation of the patient's feelings about this friend and to the divulging of a great deal of information that was helpful in understanding her problems. The experience in itself was of immense value in demonstrating to her how physical reactions and illnesses can come from emotional conflicts. It was especially efficacious in eradicating from her mind the idea that she had stomach trouble of a serious nature.

Nothing whatever has been said about organic cases, epilepsy, patients with neuropathic constitutions or chorea, or about actual neurasthenic states in the literal sense of the word—that is, states of weakness, nervousness, and exhaustion following in the wake of influenza or some severe infection. One group, numerically almost equal to that of the psychoneuroses, which has been left entirely out of discussion, is that of the endocrine disorders. Perhaps the most interesting of these are the thyroid cases. Some of them seem to follow influenza; others seem to be entirely due to emotional strain and stress; many seem to be of mixed origin or unexplainable with the data at hand. They make a bridge from the neurasthenic type—using the term in its narrow meaning—to the psychoneurotic group.

Of tremendous value and interest are the individual health records which date back nine or ten years. The physician can profitably study these before entering on treatment, but aside from the aid to the understanding of cases, they are of immense value to medicine in general because of the knowledge that may be gained from the study of the life records of a large group of people over a long period.

Department stores, factories, and industries now have their physicians and nurses. This is the first step in the conservation of health. After the study and treatment of organs and systems of the body, there will naturally follow an interest in the individual as a whole, and mental hygiene will become a regular part of industrial health work.

THE EDUCATION OF THE NURSE IN THE PRINCIPLES OF MENTAL HYGIENE

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THE need of psychological and psychiatric knowledge for the nurse has long been recognized by leaders in the nursing world. A few—in particular those connected with state hospitals or state societies for mental hygiene—have worked steadily to bring this need to the attention of nurses, through papers at state and national meetings and articles in nursing publications.

An examination of the files of the *American Journal of Nursing* shows ever-increasing interest in the subject. Since the *Journal* was founded in 1900, it has published reviews of many important books on nursing care in mental and nervous diseases, on psychology, psychiatry, and psychoanalysis, on mental defect viewed from a medical or a sociological standpoint, and on all allied subjects. Notes from the medical press—starting with a discussion,[1] in the second issue of the *Journal,* of an article in the *Boston Medical and Surgical Journal* on psychic factors in disease—give the current opinion on such subjects as neurasthenia in children, the value of rest cure in neurasthenia, work as a remedy in neurasthenia, fatigue as a factor in mistakes, surgery and the neurotic woman, and a host of others.

Articles primarily of a practical nature have appeared frequently, discussing such topics as nursing care of the insane, the care of nervous patients, psychology and nursing, the mental study of patients by nurses, the relation of mental to physical welfare in a patient, the administration of a mental clinic, psychiatry for nurses, care of the defective child, the psychology of habit, and the like. Many of these articles have been by nurses and were first given as papers before state nursing associations all over the country.

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[1] "The Nurse and the Psychic Factor", by Delia Knight. *The American Journal of Nursing,* Vol. 1, pp. 111–14, November, 1900.

From time to time articles by prominent specialists have appeared, such as *The Teaching in Neurological Hospitals* by Dr. Joseph Collins,[1] which lays stress on individualizing the patient and on the fact that the education of the patient calls for balance and a sound philosophy of living on the part of the nurse. Dr. Pearce Bailey,[2] Dr. Louis Casamajor,[3] Dr. J. Foster Kennedy,[4] Dr. Smith Ely Jelliffe,[5] Dr. Edward B. Angell,[6] and Dr. Morris J. Karpas [7] are other specialists who have contributed papers on various phases of mental nursing.

The most noteworthy contributions, to several of which we shall have occasion to refer in more detail later, stressed the educational and preventive phases of the work and provided the stimulus to much definite progress. These articles, which in a sense outline the significant developments during these years, were as follows:

The issue of the *Journal* for March 1902 contained a paper by Miss Julia Lathrop entitled *Women in the Care of the Insane.*[8] The author cited conditions, appealed to the humane impulse of nurses, and asked whether their work in this field could not be extended to include other functions than mere attendance. Her aim, she stated, was "to point out a line of development which is already beginning and which may be hastened by public attention".

The next landmark was a paper, *Nursing the Insane,* by Dr. William L. Russell, which appeared in September 1907.[9] In this paper, Dr. Russell corrected the popular misconception that treatment in cases of mental disease is limited to custodial care and reviewed the history of training schools in connection with hospitals for mental disease. That this was the first important résumé of the subject presented to nurses was made plain in the editorial comment, which expressed the hope that the time would come "when nurses in every general hospital will serve a short period in a hospital for the insane before being registered''.[1] Dr. Russell was invited to address the International Congress of Nurses in London in 1909, and read an important paper there—*A Survey of the Nursing of Mental Diseases.*

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[1] *The American Journal of Nursing,* Vol. 11, pp. 434–39, March, 1911.

[2] Ibid., pp. 526–30, April, 1911.

[3] Ibid., pp. 608–09, May, 1911.

[4] Ibid., pp. 696–702, June, 1911.

[5] Ibid., Vol. 12, pp. 395–401, 479–84, February and March, 1912.

[6] Ibid., Vol. 15, pp. 364–71, February, 1915.

[7] Ibid., Vol. 16, pp. 408–10, February, 1916.

[8] Ibid., Vol. 2, pp. 430–34.

[9] Ibid., Vol. 7, pp. 926–33.

In May 1910 Dr. William Mabon read a paper on nursing care of the insane before the National Associated Alumnae of Training Schools. This paper was later printed in the *Journal.*[2] After discussing the responsibilities of the mental nurse and outlining the courses given to nurses in the state hospitals in New York, Dr. Mabon takes up the comparatively new subject of the prevention of insanity. ''Just now this is engaging the attention of psychiatrists and philanthropic organizations, and plans are being elaborated for the prosecution of the work. . . . We have every reason to believe that prophylaxis will play as great a rôle in the field of mental diseases as in physical, and that a skilled nurse will be as important a factor in the one as she has been in the other. The field is new, however, and our progress for a time must be slow, for there is no past experience to guide us.'' Dr. Mabon urged his hearers to make a careful study of the needs of the insane from the nurse's and social worker's standpoints.

One of the earliest attempts to familiarize nurses with the work of the societies for mental hygiene was a paper, *Mental Hygiene Work and the Possibility of Coöperation from Nurses,* read by Miss Katherine Tucker at the mental-hygiene conference and exhibit in 1912 and published later in the *Public Health Nurse Quarterly.*[3] Miss Tucker reviewed the work done in after-care and the methods of procedure of the newly formed National Committee for Mental Hygiene, and urged nurses to inform themselves upon the subject, pointing out the need for their coöperation in the recognition and care of incipient cases.

The first prominent mention of societies for mental hygiene in the *American Journal of Nursing* appeared in the issue of January 1912 in an article[4] by Miss Elnora E. Thompson, agent for the Illinois Society. The issue of August 1912 contained a second reference to such societies in a paper by Miss Lathrop—*The Appeal of the Insane to the Nursing Profession*[1]—which had been read at the annual convention of the American Nurses' Association in June of that year. At a section conference on mental hygiene held after the meeting at which this paper was read, it was agreed that "the field of mental hygiene is a wide one and of paramount importance; that its development is just begun; that training schools must be made attractive, and that for a well-rounded training, affiliation with a general hospital is necessary for the specialized hospital, and vice versa; also, that a more definite interest should be stimulated in this important branch of the general nursing profession".[2] Since this date, the national societies have maintained committees to study the problem, and section meetings have been held at all conferences.

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[1] *The American Journal of Nursing,* Vol. 7, pp. 915–16, September, 1907.

[2] Ibid., Vol. 10, pp. 887–96, August, 1910.

[3] Vol. 5, pp. 70–80, January, 1913.

[4] ''Mental Hygiene in Illinois.'' Ibid., Vol. 12, pp. 287–91.

In February 1912, Miss Lillian Wald, in her paper *The Doctor and the Nurse in Industrial Establishment,*[3] emphasized the mental factors involved, and this same question of fatigue and overstrain was brought out by Miss Lavinia Dock,[4] in 1913, in discussing the relation of the nurse to the working world. At the 1913 annual conference of the American Nurses' Association, the importance of mental hygiene was recognized in the address of Miss Adelaide Nutting on the nurse as an educator.[5]

The issue of the *Journal* for December 1914 contains the report of a conference at the Psychopathic Hospital in Boston, and quotations from Dr. Ernest Southard's paper, which advocates getting away from the custodial type of nurse.[6] In 1915 appeared Miss Tucker's report on conditions in training schools in connection with hospitals for mental disease, which will be referred to later. There is record of little progress during the war, except, of course, notes on the war neuroses. During the last few years, however, contributions on the subject have been very numerous. The following are some of the significant papers:

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[1] *The American Journal of Nursing,* Vol. 12, pp. 908–20.

[2] Ibid., p. 978.

[3] Ibid., pp. 403–08.

[4] "Status of the Nurse in the Working World", by Lavinia L. Dock. Ibid., Vol. 13, pp. 971–75, September, 1913.

[5] *The American Journal of Nursing,* Vol. 13, pp. 927–37, September, 1913.

[6] Ibid., Vol. 15, pp. 217–18.

The Demands Which Mental Hygiene Makes Upon the Graduate Nurse, by Jessie Taft, Ph.D.[1]

Psychopathic Nursing, by Donald A. Laird.[2]

A Program of Mental Hygiene for Nurses, by William Barclay Terhune, M.D.[3]

Psychiatry for the Student Nurse, by Christine Beebe.[4]

The Element of Personality in Nursing, by Donald A. Laird.[5]

Mental Health of Children, by V. M. McDonald, R.N.[6]

Mental Hygiene for Nurses, by A. Warren Stearns, M.D.[7]

A Plea for the Inclusion of Mental Nursing in the Training School Curriculum, by Harriet Bailey, R.N.[8]

Is Psychiatric Training Essential in the Equipment of a Graduate Nurse? by Esther L. Richards, M.D.[9]

Mental Hygiene and Mustard Plasters, by Frankwood E. Williams, M.D.[10]

Extensive as is the field of thought covered in the foregoing article, and well informed as the leaders in nursing education and the more thoughtful graduate nurses have become through their own reading, thinking, and participation in the developments of mental hygiene, it is evident that for the profession at large, articles in the *Journal* and addresses at state and national meetings cannot alone take the place of a preparation begun while they are pupil nurses. The need for such preparation has been particularly evident to public-health nurses. ''Repeated experiences with mental problems in the community have demonstrated to them the need of more information regarding their subject, and they are asking for enlightenment, that their services may be of more value to the community.''[1]

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[1] *The American Journal of Nursing,* Vol. 17, pp. 889–96, July, 1917.

[2] Ibid., Vol. 20, pp. 685–89, June, 1920.

[3] Ibid., pp. 815–24, July, 1920.

[4] Ibid., Vol. 21, pp. 450–54, April, 1921.

[5] Ibid., pp. 697–702, 775–78, July and August, 1921.

[6] Ibid., Vol. 22, pp. 6–8, 90–92, 174–76, October, November, and December, 1921.

[7] Ibid., pp. 334–37, February, 1922.

[8] Ibid., pp. 531–34, April, 1922.

[9] Ibid., pp. 625–32, May, 1922.

[10] Ibid., pp. 739–43, June, 1922.

What have been the facilities for the education of the student nurse, and where have opportunities for clinical experience been available? With a few exceptions, the only places prior to 1912, when the call for well-equipped nurses was becoming urgent, were the large state hospitals or privately endowed institutions for mental disease. In order to decide whether these provisions met the need, it will be necessary to review somewhat in detail the development of hospitals for mental disease and the place of nurses in those hospitals.

The psychiatrists who so admirably set forth to nurses the latest developments in mental hygiene were connected with the most progressive institutions; they were pioneers in the hospitalizing of asylums through the institution of remedial measures, in the education of the public in the conception of insanity as a disease, and in the establishment of after-care for discharged patients and of clinics for the early detection and treatment of incipient cases. Throughout the country at large, however, the development has been far from parallel, some states even now being obliged to carry on campaigns for the extension of humane care to all insane through their removal from almshouses. Dr. Charles R. Bancroft, in 1906, deplores ''the attempt to decry the hospital idea on the ground that it is a mere passing fad'',[2] and Dr. Russell, in 1907, states that ''purely custodial problems continue to absorb the best efforts of those engaged in the work''.[3] During the last few years, however, newer ideas have permeated even the backward institutions. What has been the development of nursing in these institutions?

In the early days of humane care for the insane in America, the ideal of the superintendent was to keep his hospital small enough so that he might give each of his patients individual treatment and personal association. The attendants worked directly under the control and supervision of the physician.

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[1] Dr. William B. Terhune in *A Program of Mental Hygiene for Nurses.* See note 3, page 542.

[2] In ''Women Nurses on Wards for Men in Hospitals for the Insane.'' Reprinted from *Proceedings of the American Medico-Psychological Association,* Boston, June, 1906.

[3] In *Nursing the Insane.* See note 9, page 539.

They were seldom educated persons, but at the best institutions were at least kind and faithful. During the latter half of the nineteenth century, however, the hospitals became very large and the attendants could not be personally supervised. The first training school for attendants was established at McLean Hospital, Waverley, Massachusetts, in 1880, by Dr. Edward B. Cowles. Other schools were started, but with much less rapidity and success than was the case with training schools connected with general hospitals, despite fine individual efforts, notably those of Miss Linda Richards and Miss Sara Parsons.

This inequality of development may be attributed to a number of reasons. In the first place, the majority of psychiatrists and hospital superintendents were slow to recognize the need of trained nursing care. As example of this is an article published in 1902, on modern methods of provision for the insane, which is remarkably advanced in its conception of new developments—psychopathic hospitals, out-patient clinics, and the like—but makes no mention of the need for special training of nurses.[1] It is a long way to the time when "recognition by the general practitioner of the importance of the mental element to be treated in patients suffering from diseases not usually considered purely mental has increased the demand for psychiatric nurses",[2] or when, in discussing the progress of psychiatry in the last quarter century, the statement is made that "improvement of the medical end of the work cannot very well take place without a corresponding improvement in the nursing part".[3]

Then there have been a number of controversies—some of which have not yet been satisfactorily concluded—in medical meetings and journals as to whether or not women nurses should be employed on male wards, how much responsibility they should be given there, how comprehensive the curriculum should be, whether the training schools need to be accredited schools, whether they should try to turn out registered nurses, and, in reference to affiliation, whether the general should precede the special training or vice versa. In regard to the curriculum, the two following quotations give two contrasting points of view:

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[1] "Twentieth Century Methods of Provision for the Insane", by Frederick Peterson, M.D. *American Journal of Insanity,* Vol. 58, pp. 407–15, January, 1902.

[2] "The Responsibility of the American Psychiatric Association in Relation to Psychiatric Nursing", by E. H. Cohoon, M.D. *American Journal of Psychiatry,* Vol. 2, pp. 211–17, October, 1922.

[3] Ibid.

"Class work should be reduced to a minimum . . . for while it has the look of real school work, it may not be half as helpful to the nurses as instruction in the wards."[1]

"At first it seemed unnecessary to have the curricula very extensive or of high standard, but we have arrived at the point where the interests of the patient demand standards as high as the training in general hospitals."[2]

Certain differences in the development of training schools in hospitals for mental diseases and those in general hospitals were brought out by Dr. Russell in 1907, and again in 1909. These schools, he says, in connection with mental hospitals, do not stand out as such a definite feature of the hospital organization as they do in connection with the general hospitals. The movement for the better nursing of the sick, from which the general-hospital school resulted, did not include the mentally diseased. At first schools in connection with general hospitals were established and supported by private benevolence; they were backed by a strong popular movement; women of the highest character and intelligence took up the work from the beginning; and the best of the graduates were available as organizers to establish new centers, the movement thus spreading under the auspices of the nursing profession itself.

Mental-hospital schools, on the other hand, were not established separately from the hospital. They were under medical auspices, the superintendents desiring better personal service for the patients. The "fatal error, on the part of both hospitals and schools, of generally accepting as inherent and final the existing relationship between the two" was particularly characteristic of mental hospitals, and to them especially applies the arraignment "the training of nurses remains one of the few survivals of this earlier and largely outworn type of education [the apprentice system].”[1]

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[1] "The Better Training of Nurses in Insane Hospitals", by Walter Channing, M.D. *Boston Medical and Surgical Journal,* Vol. 169, pp. 719–22, November 13, 1913.

[2] Dr. E. H. Cohoon, in *The Responsibility of the American Psychiatric Association in Relation to Psychiatric Nursing.* See note 2, page 544.

The status of a large number of these training schools has been determined in recent inquiries. The first was conducted by the Committee on the Care of the Insane of the American Nurses' Association. Miss Katherine J. Tucker, who was in charge of the work, made her report in 1915, and it was later published in the *American Journal of Nursing*.[2] At that time 200,000 persons were being cared for in mental hospitals in the United States. The committee sought to find out what part the nursing profession was playing in this field, what contribution it was making to the care and prevention of mental disease. One hundred and fifty-four questionnaires were sent out to state hospitals; 71 were heard from. Of the 41 that maintained training schools, 10 offered three-year courses, 15 courses of two years and three months, and 16 two-year courses. Only 18 affiliated with general hospitals. The age requirement on entrance was generally eighteen. The educational qualification for admission was in most cases only grammar school, only 13 requiring one year of high school.

One of the significant facts brought out in these questionnaires was the anomalous position of the superintendent of nurses, as often called assistant principal or merely chief nurse. The training and experience of the occupants of this position varied; the majority were graduates of a mental hospital who had taken a postgraduate course in a general hospital. Their salaries were not high; their duties were assorted. Little complete authority was given them; in only 14 did they control the assignments and hours of the nurses. The training schools were mostly small, with many attendants; thus the superintendent of nurses had, for the most part, little or nothing to do with the nursing care given to the patients. Less than two-thirds of the hospitals maintained training schools, and in these only about one-sixth of the patients received care from nurses. Twenty-three reported difficulty in securing suitable or sufficient pupil nurses.

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[1] *Nursing and Nursing Education in the United States* (Report of the Committee for the Study of Nursing Education and of a Survey by Josephine Goldmark, Secretary). New York: The Macmillan Company, 1923, p. 193.

[2] Vol. 16, pp. 198–202, December, 1915.

The facts of this report that relate to the hours and living conditions of pupil nurses give us the most fundamental reasons why these schools have not increased in number, become firmly established, and attracted a sufficient number of nurses of high caliber. Thirty-five of the schools that replied had a working day of from twelve to fifteen hours; a few gave no time off in the form of half days; very few gave any time on holidays. Only 18 had nurses' homes, the remainder housing their nurses in the same building with the patients, the double room and even the dormitory system being common. The majority had no separate dining room for the nurses or a place for them to receive guests. Nine made no provision at all for recreation. The recommendations that accompanied this report urged the state societies for mental hygiene to learn the conditions in their state relative to the nursing care of the insane and to work for a further extension of training schools and a raising of the standards of those already in existence.

In 1922, Dr. E. H. Cohoon, in his paper *The Responsibility of the American Psychiatric Association in Relation to Psychiatric Nursing,*[1] gave the results of 126 returns from 183 questionnaires sent out to state and private mental hospitals. His conclusions were that probably only about 39 per cent of the 183 hospitals maintained training schools at all, and that only 26 per cent could be considered of relatively high standard. Dr. Cohoon urged the establishment of more schools and a raising of standards, and suggested the possibility of listing and classifying the schools according to a standard to be established by the association, certificates to be issued to the approved schools.

A third inquiry is reported by Donald A. Laird, of the University of Iowa.[2] Eight state hospitals were asked to give particulars with regard to the content of the psychiatric courses and the stage of training in which these courses were given. The only psychology taught appeared to have to do with terminology, and the psychiatry concerned "diagnostic minutiæ that would be of little practical use". As to the position of the psychiatric courses in the schedule, they were commonly given in the last year of training. Upon this practice, Laird comments:

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[1] See note 2, page 544.

[2] "The State Hospital Training School for Psychiatric Nursing", by Donald A. Laird. *The American Journal of Insanity,* Vol. 77, pp. 477–91, April, 1921.

"Unless special training is given from the beginning of the probationary period, an opportunity is made for the formation of habits of conduct and thought regarding mental patients which have as their basis grossly erroneous conceptions of the nature of mental disease and the rôle of the nurse. The patients are committed to the care of the state hospital primarily because of mental symptoms and it is to the adjustment of these that the attention of the nurse should be directed from the beginning of her association with the patients. To neglect the psychiatric training of the nurse for a year or more will precipitate disastrous results both for the nurse and her charges. It is an exceptional nurse indeed who, left to form her own conceptions of mental disease during a year or two of life with state-hospital patients, will not be influenced adversely by such experiences as dodging missiles and listening to abusive barrages of billingsgate. Without a knowledge, however rudimentary it may be, of the meaning and interpretation of these disorders of behavior, the ward experience will reinforce the everyday hypotheses with which the nurse entered service in place of substituting more practical and therapeutically constructive conceptions. Being instructed at first in little but the management of emergencies and later mainly in the types of mental disorder, it is no wonder that even after graduation from the training school the nurse looks upon mental disease as 'downright meanness'."

In the amount of routine work required, mental hospitals have always made a poor showing as compared with general hospitals, and the nurse is wasting a large part of her time if "the test of the reasonableness of her duties" is "their educational value".[1] The first few months of any training should justly be "a period of genuine probation, testing the metal of the prospective student through hard and often distasteful manual work''.[1] But a writer on the better training of nurses in mental hospitals would have the students ''do the housework in the wards'',[2] throughout their entire first year.

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[1] *Nursing and Nursing Education in the United States,* p. 229.

The backwardness of these training schools has not only resulted in their own students being few in number and inadequately equipped, but has retarded the development of affiliation with general hospitals. In the 1923 report of the Committee for the Study of Nursing Education there are some pertinent comments and conclusions on this point. The care of mental and nervous diseases is stated to be one of the services ''in which modern demands on nursing make training increasingly necessary'', but the report adds: ''Unfortunately, suitable facilities for training in these services have been and still are very difficult to secure.''[3]

Again: ''Comparatively few of the special public hospitals for mental diseases have been in the past, or are to-day, of a caliber or equipment fit for the training of nurses.''[4] ''. . . it is evident that before the rich clinical opportunities offered by many of these special institutions can be made available to affiliates . . . the management and educational standards must be raised to a more modern level.''[5] ''. . . the suitability of institutions for mental and nervous cases offering opportunity for affiliation should be determined by standards set by some central body . . .''[6]

It is apparent that other opportunities will have to be utilized or devised to give the hospitals time to work out their problems. Where they have developed, psychopathic hospitals offer excellent experience to the nurse. A conference held at the Psychopathic Hospital in Boston, in 1914, about two years after its opening, debated the ''expediency of enticing general-hospital graduates to take postgraduate courses in psychopathic work''. Dr. Southard said that more must be done for the nurses in mental hospitals than in the past. ''One of the troubles with our present system, as general-hospital nurses see it, is that they find insane-hospital work to consist largely of 'watchful waiting' instead of constructive treatment."[1]

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[1] Ibid., p. 228.

[2] Dr. Walter Channing. See note 1, page 545.

[3] *Nursing and Nursing Education in the United States,* p. 213.

[4] Ibid., p. 403.

[5] Ibid., p. 406.

[6] Ibid., p. 465.

It is significant to note that the nurse's unpreparedness has been the social worker's opportunity, and that in this field the psychiatric social worker has developed with rapidity and success, especially at the Boston Psychopathic Hospital, through the efforts of Miss Mary Jarrett, working in conjunction with Dr. Southard. The strong footing gained is shown by the fact that while numerous able articles have appeared in MENTAL HYGIENE concerning the education and training of psychiatric social workers, the need of nurses for such education has received scant attention. Dr. Southard, writing in 1918, says: "In the present phase of social-service development, social workers are apt to be of a finer grain and a more finished higher education than the majority of nurses, and accordingly the social workers are inclined to develop a feeling of group superiority to nurses."[2] This question of the relation of psychiatric social worker and nurse will be discussed further in connection with the subject of preventive mental-hygiene work in public-health nursing.

In regard to mental wards in general hospitals, which, if they existed in any number, would offer pupil nurses the clinical experience they so much need, Dr. Terhune states that "education supplies the minor reason why all general hospitals should have a psychopathic ward; service to humanity, the major reason".[3]

In 23 hospitals studied by Miss Josephine Goldmark in her survey of nursing and nursing education,[4] including chiefly the superior training schools in the more highly organized hospitals, only five offer clinical opportunities for training in mental and nervous diseases. Even in some of these the educational loss from lack of correlation was deplored—to this service "of extreme interest and value", a young student may be assigned for some three months in her first year, without previous instruction or preparation, receiving her theoretical work a year or two later. In some hospitals, this service is elective or available to only a few students.

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[1] See note 6, page 541.

[2] *Mental Hygiene and Social Work*, by E. E. Southard, M.D. MENTAL HYGIENE, Vol. 2, pp. 388–406, July, 1918.

[3] *A Program of Mental Hygiene for Nurses.* See note 3, page 542.

[4] See note 1, page 546.

Out-patient experience in mental or nerve clinics, when educational rather than routine in nature, is of the utmost value, but hospitals show great variations in this matter, the development of the dispensary having been ''an evolution . . . according to local conditions and needs'', and hence presenting ''a great variety of types, differing widely as to organization, standard of care, number and character of clinics, and participation in community health activities''.[1]

The report of the Committee on Nursing Education suggests a policy that the general hospital may follow in default of something better: ''When affiliations prove impossible to secure, the two months allotted to training in mental and nervous diseases should be spent in the medical service, where classes and clinics should be held on the modern nursing and treatment of mental disorders, using for demonstration whatever opportunities the hospital may afford. Such are, for instance, neurological patients in the general wards, as well as the mental phenomena in delirium during fever, recovery from anæsthesia, etc.''[2] It is to be hoped, however, that there will be a rapid increase in the number of mental wards in general hospitals, of mental and nerve clinics, and of affiliations with approved mental hospitals.

It is not only ''practically impossible to grasp psychiatry unless clinical material is demonstrated'',[3] but in the experience of the writer, the impression made on one by observing day after day and caring for both acute and chronic cases is the foundation of a lasting interest in improved methods of treatment and a stimulus to preventive efforts. It has been said of chronic patients that they are ''to a certain extent the product of the régime which is just passing. They pay for the neglect of the nursing profession.''[4] Having seen the end results, one gives more whole-hearted support to the furtherance of occupational therapy and all other measures for retarding the process of deterioration. Then, too, experience with the exaggerated deviations makes one observe minor deviations more readily and take them more seriously. And recollections of cases of paresis and alcoholism give one a definite purpose when in contact in any way with the problems of syphilis and alcohol.

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[1] *Nursing and Nursing Education in the United States,* p. 332.

[2] Ibid., p. 465.

[3] Dr. William B. Terhune in *A Program of Mental Hygiene for Nurses.* See note 3, page 542.

[4] ''Nursing in Mental Disorders'', by Adele S. Poston. *Proceedings of the Mental Hygiene Conference and Exhibit,* 1912, pp. 45–50.

As to the type of psychology to be taught as a basic preparation for dealing with mental cases, there has been, as one would expect, no unanimity of opinion. The most divergent views have been expressed. In 1915 Miss Effie J. Taylor, writing in the *Johns Hopkins Bulletin*[1] on the newly established course for the nurses in the Phipps Psychiatric Institute, reflected a distrust of the newer psychology: "The study has not yet an authoritative background, and with the limited knowledge of the subject it is possible to give the nurse in so short a course, she is not prepared to discriminate and sort out the contradictory statements and apparent disagreements, and glean the truth, if truth there is." It appeared that the students had been asking the meaning of dreams, and that "we say we do not know; that is not our problem". "Sensational literature has no place in a nurse's library. There are only a few textbooks on abnormal psychology or psychiatry that the professors in our clinic are willing to recommend for our nurses' reading."

Dr. Terhune's views on the matter are as follows: "Many who study psychiatry are given a mixture of fact and fancy, with no definite line of demarcation separating the two . . . Such education should consist primarily of the *facts* of psychology, clinical psychiatry, and psychiatric social service and only such accepted theories should be given the nurse as will assist her in understanding the facts. Those responsible for training nurses, whether it be an undergraduate or a postgraduate group, should insist that the lecturers in psychiatry shall not parade their pet hobbies before students who have not sufficient psychiatric background to weed out the facts from the fancies. It is as necessary in psychiatry as it is in all science for one to be careful at whose feet he sits, for there are careless, if not false, prophets in the land.''[1]

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[1] "Nursing in The Henry Phipps Psychiatric Institute," by Effie J. Taylor. *Johns Hopkins Hospital Bulletin,* Vol. 26, pp. 206–09, May, 1915.

On the other hand, Laird finds that one state school gives lectures on the psychology of the unconscious, and ''some psychoanalysis in the last year'', and feels that ''it is entirely possible to give a rather full exposition of interpretative psychiatry in a form that will be readily assimilated by the pupil nurses. In one training school lectures have been given on the unconscious mental levels. The fact that the nurses not only appreciated, but really enjoyed these few elementary lectures demonstrates the practicability of the idea.'' He also expresses the view that since ''the asylum becomes a hospital when the nurses function efficiently in assisting the patients in their normal adjustments . . . the function of the psychiatric nurse demands a dynamic psychology as a basis for conveying the concepts of modern interpretative psychiatry . . . What the nurse needs to prepare her for efficient service among mental patients is a comprehension of conduct mechanisms, not clinical entities.''[2]

The writer is reminded of her own experience in affiliating for three months in 1919 at one of the best-known private institutions in the country. Here patients' histories were not supposed to be known to the nurses and attendants; consequently there were lurid tales enough current on the subject of various patients' delusions, but no real understanding of the causes on which they were based, and the wise, helpful, and honest way to deal with them. Lectures were given to the affiliates; the benign, white-haired superintendent usually sat looking out of the window, expounding, with an air of remoteness, a very old type of functional psychology. Social aspects and human problems and situations were not even touched upon. A query one day at the close of a lecture occasioned such a look of astonishment that one wondered if in that hospital a nurse had ever before asked a question. A Freudian mechanism could not have survived in that atmosphere of hoary antiquity.

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[1] *A Program of Mental Hygiene for Nurses.* See note 3, page 542.

[2] *The State Hospital Training School for Psychiatric Nursing.* See note 2, page 547.

On the whole, as new courses are being introduced, the trend is definitely toward acceptance of the newer psychology and faith in its great usefulness to the nurse if properly presented. At present the trouble in most general hospitals is that they do not teach any psychology at all. It was found in only nine of the schools studied by Miss Goldmark. In the proposed curriculum for university schools of nursing, fifteen hours are to be devoted to lectures on psychology, while mental and nervous diseases rank with medical, surgical, and communicable, forty-five hours being allotted to lectures in each subject. This will set a new standard for all schools. It is encouraging to note that a few schools even now have highly developed courses. Already, in Johns Hopkins, the course of study in psychology and psychopathology given to student nurses extends through the three years of training. There is a second course on the relation between mental and physical elements in disease, a short course on the psychopathology of children, clinical psychiatry with demonstrations, and three months' required duty in the wards of the Henry Phipps Psychiatric Clinic. In the presentation of the psychology in this course, attention is drawn "toward a concept of mind expressed in individual behavior and adaptation of life experiences". Special emphasis is put upon the early recognition by public-health nurses of conduct disorders.[1]

Two closely related lines of development are coming more and more into prominence and may in time revolutionize hospitals and hospital training. These are (1) the growing recognition of the mental element in all disease and (2) the emphasis, in the teaching of all the services in the hospital, on the preventive aspect. The likelihood of strong support from nurses in the mental-hygiene movement is thus increased by the new type of teaching and by the angle from which all subjects relative to mental health and disease are presented. The clear exposition of the need for more attention to preventive work is one of the chief contributions of the report of the Committee for the Study of Nursing Education. Its pages are permeated with the preventive point of view. It points out unsparingly the failure of training schools to "give due weight to the prevention of disease broadly conceived",[1] and "the need of radical change in training to provide for all students a new stress on methods of prevention as well as cure, and that minimum of social interpretation which is indispensable in the modern health movement".[2] The statement is made that "this limitation, typical of her whole curriculum, is one of the most serious handicaps in the training of the nurse".[3]

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[1] "The Course of Study in Practical Psychiatry and Psychopathology as Given to Student Nurses in the Henry Phipps Psychiatric Clinic, The Johns Hopkins Hospital", by Effie J. Taylor. *The American Journal of Nursing*, Vol. 22, pp. 534–38, April, 1922.

In this light, how rich can the out-patient experience of the student be made! In the dispensary she can learn the significance of minor symptoms, the importance of early examination and diagnosis; she can gain an insight into "the new emphasis on checking disease in its incipient stages before it has advanced too far for cure, and of inculcating the laws of hygienic living before bad habits on the part of the patient have crystallized".[4]

Miss Goodrich, as always, expresses the heart of the matter: "The problems in mental training are infinitely more intricate and delicate than those met in any other branch of nursing . . . and require, therefore, the highest type of women with the most thorough and all-round preparation. Here, not less than in other fields, is the preventive work from the standpoint of the community the greatest need."[5]

So "the public-health nurse is right in feeling that she must have the equipment, if it is obtainable, which will make some of the formidable mental problems encountered by her challenges to helpful work rather than obstacles that justify surrender as soon as their nature is recognized". "With psychiatry definitely entering the field of prevention and attempting to make widely known the mental mechanisms that so largely control the emotional lives of human beings . . . the public-health nurse, even to understand the drama of life enacted in the homes that she visits, must acquire some of the new knowledge of the deep springs of conduct.'' And finally, ''she must not be forced, for lack of some additional training and a slightly different point of view, to be handicapped in this part of her work''.[1]

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[1] *Nursing and Nursing Education in the United States*, p. 187.

[2] Ibid., p. 148.

[3] Ibid., p. 369.

[4] Ibid., p. 331.

[5] "Nursing Care of the Insane", by Annie W. Goodrich. *The Modern Hospital*, Vol. 6, pp. 284–85, April, 1916.

As a piece of vivid testimony on the value of a good psychiatric course, and a linking up of the nurse in training with the nurse in the field, no better illustration could be found than an article, already mentioned,[2] by an undergraduate in the Army School of Nursing, entitled *Psychiatry for the Student Nurse,* which is worth quoting quite fully. The writer questions why in ''current articles in mental-hygiene magazines, so much stress is put upon the subject of special training in psychiatry for social workers and so little is said about the training of the student nurse in this branch''. She describes the affiliation of the Army School—how unpopular the experience was in anticipation, but how much the students got out of it. As some of the results, she mentions the insight gained into many cases ''that were a source of bewilderment in our former experience'', the new ''grasp of mental disease as a whole''. Speaking of the training that had preceded, she says that while physical training for the nurses had been organized, ''we were allowed to shift for ourselves as far as mental health was concerned''. ''The unaccustomed discipline would have been more easily assimilated if we had been taught earlier the principles of mental hygiene. . . . Many a fine potential nurse gives up training because of the difficulty of this mental adjustment and . . . goes back to surroundings where one is not required to adopt an entirely new method of thought.'' The training at the Army School, she describes as ''an all-round balancing factor''; ''it teaches us to make rapid mental adjustments, to act quickly, to be firm in our decisions, and to keep our own emotions under firm control''; ''we feel a little more sure of ourselves in many ways, and we have gained a deep respect for psychiatrists and the work they are engaged in. We hope that nurses are not going to hand over all of this interesting service, with its promising future, to the social worker. It holds fully as much for us as for them, and we who have had this exceptional opportunity hope to spread our enthusiasm among the students in training schools where the course is optional or not included at present in the curriculum''.

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[1] *Nursing and Nursing Education in the United States,* p. 86.

[2] See note 4, page 542.

The relationship between psychiatric social workers and public-health nurses in this field should not be impossible of adjustment, nor the aims of the two groups so widely separated as to make coöperation out of the question. The nurse who intends to specialize in psychiatric social work should unquestionably have a thorough preparation. The picture drawn by Miss Taft is not attractive: ''Without training in social technique, in all probability without anything but the most intuitive and unconscious psychology, and without understanding of social problems, she can have nothing to contribute to the work of the psychiatrist beyond the kind of thing she has done in the wards.''[1] This is a real challenge which can be met only by better education for all nurses. In the meantime, it behooves each individual nurse in the field to examine and evaluate her own qualifications and preparation as compared with those of psychiatric social workers. No public-health nurse wants to be the inferior worker in any field. It is always, after all, the good of the patient that is the primary consideration. If in any given situation the nurse finds available the services of an expert, with a more far-reaching knowledge and a surer touch than she possesses, let her withdraw her bungling efforts and learn from the experience.

Such stepping aside must be only a temporary expedient. There is no getting away from the fact that to meet the responsibilities thrust upon her, the public-health nurse must have, not only a sound knowledge of social conditions, technique, and resources, but also an enlightened psychological approach to persons and situations; and these her education must increasingly give her. Often, particularly in rural work, the nurse is the only available person with an understanding, however inadequate, of the problems of mental hygiene, and she must be prepared to meet them. ''Let no one think'', says Miss Goldmark in the report of her survey of nursing and nursing education, "that such situations will be rare in the daily experience of the public-health nurse."[1]

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[1] *Qualifications of the Psychiatric Social Worker.* MENTAL HYGIENE, Vol. 3, July, 1919, p. 433.

A number of openings for nurses in the field of mental hygiene have already been touched upon. The private nurse should not be omitted. "Nurses who are fully capable of caring for mental patients in their homes practically do not exist; a large city is fortunate if it possesses one person so trained", writes a physician.[2] For the more intelligent care of all classes of patients in their homes the right approach is needed, and if a nurse keeps up with progress, even only to the extent of following her nursing publications—she may not have time for more in private duty—she may have opportunities to further preventive work.

In institutions, there are the many positions in ward work or supervisory work in the state hospitals for mental cases or in small private sanatoria; there are also positions in occupational therapy and follow-up work, in schools for mentally defective children, and in the psychopathic building or hospital of reformatory institutions for girls or women. A nurse with sufficient preparation may undertake psychiatric social work. She may attach herself to a court clinic, since psychiatric criminology should be considered a field for nurses as well as physicians. The nurse connected with a psychopathic hospital should do her part to make it serve as "a prophylactic and educational station", realizing what vast strides have been made when such a description as the following is representative of its function: "Standing in a community on the plane with the general hospital or other specialized hospital, it emphasizes mental disease, and should serve as a center to which may come for advice and counsel those suffering from psychoneuroses and the early stages of mental disease, as easily and freely and with as little prejudice as those suffering from the early stages of tuberculosis seek out a hospital for tuberculosis; a center to which can be brought for diagnosis the supposedly backward child, before further damage has been done; a center to which parents, aware of the neurotic inheritance of their children, can come for advice in their children's upbringing and education.''[1]

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[1] *Nursing and Nursing Education in the United States*, p. 87.

[2] Dr. William B. Terhune in *A Program of Mental Hygiene for Nurses*. See note 3, page 542.

For social hygiene, as for all other types of work, the nurse needs, to avoid a distorted and emotional attitude, the point of view that regards the behavior of the socially inadequate classes, as well as that of patients with mental and functional nervous diseases, as imperfect or abnormal adaptations to situations in life.[2]

Industrial nurses greatly need in their work the mental-hygiene outlook and a knowledge of mental and nervous symptoms in the occupational diseases, especially those prevalent among girls and women, so as to avoid the common error of excessive medication, instead of getting at the root of the trouble and adjusting conditions.

The list of such opportunities might be further extended. We come finally to the nurse who has perhaps the greatest need for knowledge and the broadest field of usefulness to the mental-hygiene movement—the public-health nurse doing generalized work, especially in rural sections.

''Each program of preventive medicine'', writes Dr. Haven Emerson, ''depends upon the thoroughness with which we discover all cases of the particular preventable disease in its earliest recognizable form.''[3] And Dr. Michael Davis, in a recent study,[4] makes the statement: ''The striking fact apparent after a slight survey of these various movements is their common dependence for practical success upon the field agent.''

What specific demands does preventive mental hygiene make upon the nurse as field agent? For the early detection of mental defect the school is, of course, the strategic point, and it is almost a universal practice to have a nurse who is going into a new field start with school nursing. It is important that she should have a practical working knowledge of mental defect. If facilities for examination do not exist, she should develop them. She should coöperate with the state schools for the feebleminded, and when commitments have been found advisable, put them through as soon as possible. She should know the families in her territory from which children have been placed in schools for the feebleminded; she should know, also, what children are on the waiting lists of such schools and should not fail to bring to the attention of the authorities of these institutions any dangerous situations or unfortunate occurrences in the lives of these children for whom no provision has been made by the state. The more evidence of this sort there is in the hands of the institution authorities, the more insistent can they make their plea to the legislature for increased accommodation for defective children. The schools also appreciate information in regard to paroled boys and girls, few having adequate equipment for follow-up work.

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[1] ''Psychopathic Hospitals and Prophylaxis'', by Frankwood E. Williams, M.D. *Boston Medical and Surgical Journal*, Vol. 172, pp. 933–35, June 24, 1915.

[2] *The Principles of Mental Hygiene*, by William A. White, M.D. New York: The Macmillan Company, 1917.

[3] *The Place of Mental Hygiene in the Public Health Movement*, by Haven Emerson, M.D. MENTAL HYGIENE, Vol. 6, pp. 225–33, April, 1922.

[4] *Immigrant Health and the Community*. New York: Harper and Brothers, 1921.

The rural public-health nurse should establish relations with the state hospital, that she may work in coöperation with their after-care worker, be she nurse or social worker. Such an arrangement is often made. Everett S. Elwood, writing in the *Public Health Nurses' Bulletin,* describes the part the visiting nurse plays in New York State, where there are 2,300 patients paroled from the state hospitals.[1] He suggested that the state hospitals might arrange courses in mental-hygiene field work to equip the nurse to make visits and report on patients who were scattered through her territory, at a long distance from the hospital, thus saving much time and an expensive trip for the field worker. Dr. William L. Russell, writing on the place of the state hospital in the mental-hygiene movement,[2] says: "The educational value alone of bringing into close relations with the homes of the patients, and with the communities, persons who possess knowledge and skill concerning mental disorders can hardly fail to be useful.

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[1] "The Nurse and Mental Hygiene." *Public Health Nurses' Bulletin,* Vol. 1, pp. 48–50, June, 1920.

[2] *What the State Hospital Can Do in Mental Hygiene.* MENTAL HYGIENE, Vol. 1, pp. 88–95, January, 1917.

Individuals and families with psychopathic tendencies are brought under observation and the way to preventive work may be opened.''

Besides the search for cases of mental defect among school children and keeping track of the families known to be low-grade mentally, the nurse, coming as she does from outside the community, may see certain of the children from a new angle and recognize neurotic tendencies to which no one in the town has paid particular attention—not even the teacher, so apt to be a young girl of the neighborhood, with no normal-school training beyond attendance at a six-weeks ''institute'' during the winter recess. But the nurse who picks out and follows the progress of such children is not the nurse described by Dr. Esther L. Richards as blind to the existence of ''vexing twists of personality'' and her own possibilities of service, merely because of the limitations of her training: ''treading the path of tonsils, adenoids, carious teeth, weight curves, tuberculosis, and the reporting of the contagious diseases, the school nurse is quite oblivious to the story of the nervous child''.[1]

To the nurse who is truly a ''disciple of mental hygiene'', there is no part of her daily work that is not rich with opportunity in her rôle as ''teacher and interpreter of hygienic rules and habit in the home''.[2] If she teaches, she must meet the test of knowing her material and of knowing how to teach it simply and clearly, judged by the ''capacity of obtaining an active response'', ''the ability to call forth the participation of others''.[3] A person who is rendering practical service in the community occupies a position of peculiar advantage. If the nurse has made herself indispensable to her community—perhaps seen it through an influenza epidemic—there will be no difficulty about her being consulted, and what is more, her advice will be followed. ''The word that sticks is the word that follows work'', is as true to-day as when Florence Nightingale wrote it.

From her prenatal work with the mother on, the nurse has opportunities to influence opinion and conditions in the direction of mental health for the children. She may eliminate causes of anxiety and worry which react unfavorably on the mother's general nutrition, and combat unwholesome, disturbing superstitions and old-wives tales, making pregnancy a normal and happy period for the mother, with time for thought as to the training of the coming baby. Giving the new baby the right start by establishing periodicity of natural functions and regularity of routine—the foundations of valuable habit formation—the nurse should use every opportunity to help parents in their difficult problems of child training, calling for such "unremitting, tactful, and sympathetic efforts".[1] It is true of the nurse as well as of the parents that "any one who has the important duty to guide a child must above all have worked with himself and have attained a certain clearness about his own personal attitudes and motives".[2]

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[1] *Is Psychiatric Training Essential in the Equipment of a Graduate Nurse?* See note 9, page 542.

[2] *Nursing and Nursing Education in the United States,* p. 51.

[3] Ibid., p. 111.

The nurse must have a practical conception of what is involved in mental health for children, including both "normal reaction to natural instinct and impulses and training to control activities and impulses, concentration on the thing at hand, orderly association, an active attitude in the face of difficulties, normal social relations, and a normal sense of dependence".[3] One cannot generalize in regard to country children any more than in regard to city children, but the nurse is apt to see what she has found elsewhere; perhaps fewer tantrums than among foreign families in the cities, where—as a doctor once wrote as his sole comment on a clinic card after futile efforts with a two-year-old—"baby rules the roost". But in the course of her experience she will find indulgence, neglect of any systematic training, repression, and harshness, and she must know how to meet them. She will find mothers unable to meet the child's questioning adequately, without evasion or direct falsehood.

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[1] "Preventable Forms of Mental Disease and How to Prevent Them", by E. Stanley Abbot, M.D. *Boston Medical and Surgical Journal,* Vol. 174, pp. 555–63, April 20, 1916.

[2] Dr. August Hoch in the chapter on mental hygiene in *Public Health and Hygiene,* edited by William H. Park, M.D. Philadelphia and New York: Lea and Febiger, 1920.

[3] *Mental Health for Normal Children,* by William H. Burnham. MENTAL HYGIENE, Vol. 2, pp. 19–22, January, 1918.

In some sections, where the stock is run down, she will find anything but "an active attitude in the face of difficulties", and if she realizes the danger of "false ambitions and false attitudes toward what one has a right to expect from the world",[1] she can help the children of unsuccessful families in their attitudes and adjustments. Perhaps lack of physical vigor, improper food, or a luetic strain is back of a certain child's ambitionless apathy, perhaps it is due very largely to bad home conditions. Some of the shy children are destined to become even more strange and unneighborly when they are adults in years. Many a country town has its pariah families off on the untraveled back roads, and such families usually have a brood of youngsters who are shunned and left to themselves. The nurse must do her part in the provision of adequate recreational facilities to overcome the social isolation of these children, and prevent the development of precocities or abnormalities of sexual life so likely to result from the long, lonely, dangerous walk to school or the unsupervised noon hour.

Vocationally, the children need much guidance. Some, of real promise, should get away for further schooling instead of wasting their abilities in a life to which they are not suited. Others—boys who would make good farmers if the life were not repugnant to them because of loneliness or repression at home—should be encouraged to attend agricultural schools instead of drifting to the cities to become misfits in industry.

What the nurse would like to see accomplished for the children, in general or in individual cases, she cannot bring about alone. The main thing is that she see the dangerous strains, wake up others to community needs, and set their minds and energies at work—perhaps to their own advantage most of all, for community activities are sometimes just what is needed by women of middle age who have got into the habit of unnecessary overwork, whose lives are narrow, without the "balancing factors" of a multiplicity of interests.

The nurse should realize the seriousness of such traits as "unfounded suspicions or anxieties, ill-balanced enthusiasms, sudden mood changes without adequate reason, uncalled-for feelings of being at a disadvantage, feelings of inferiority, morbid indecision, tendency to too ready despair, peculiar warped mental attitudes, a lack of desire for natural intercourse with fellow men''. When she encounters individuals in whom such traits are menacing, she should make every effort to gain their confidence, overcome in them the prevalent horror of state hospitals, and induce them to submit willingly to examination and treatment.

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[1] Dr. August Hoch. See note 2, page 562.

These are some of the many ways in which the nurse can do constructive and preventive work. There is one department of her duties in which she is apt to be weak, and which she usually finds irksome, and this is in the keeping of records. Even when a nurse is businesslike in recording calls on active cases, so that a substitute during her illness, for example, would find everything in good order, she seldom keeps full descriptive notes. This is a side of her work that the nurse must increasingly develop. It will entail keeping in touch with such methods of study as the use of personality charts and other devices for the survey of character deviations. ''On account of her unique opportunities for observation, she can add to the stock of scientific knowledge concerning the social symptoms of mental disease.''[1]

In community work, all the large-scale educational methods developed by the various health crusades may, of course, be used. But ''invaluable as indubitably are these impersonal avenues of approach, something more is needed for that personal education which is effectually to impinge upon the consciousness of men and lead to action''.[2] Thus the stress laid upon personal contact in the home marks ''a fundamental shift in the accent of modern public-health work''.[3] From this altered point of view, among the prime requisites for the successful spread of the mental-hygiene movement are stress on the preventive and social aspects throughout the education of the nurse and the organization of nursing services for prompt diagnosis, preventive treatment, and the education of the individual in the principles of mental health.

[1] *Nursing and Nursing Education in the United States*, p. 86.

[2] Ibid., p. 40.

[3] Ibid., p. 39.

GENERAL PARALYSIS IN STATE HOSPITALS FOR MENTAL DISEASE

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AMONG the several groups of mental disease, general paralysis occupies a prominent place, because it claims so large a number of persons each year who are for the most part in early middle life and because it is one of the preventable forms of mental disease. It is generally agreed that all cases of general paralysis, as well as of cerebral syphilis, are the direct results of syphilis. In addition to these particular groups, there are other instances of mental disorder that are due primarily to syphilis, and many other cases in which syphilis is a contributing factor or an attendant circumstance. On account of the comparatively small number of patients with cerebral syphilis, the major part of this discussion is devoted to general paralysis.

The data upon which this study is based have been furnished by 88 state hospitals that sent to The National Committee for Mental Hygiene statistics for the fiscal year 1921, compiled in accordance with the uniform system adopted by the American Psychiatric Association. These hospitals are located as follows: Arkansas, 1; California, 6; Colorado, 1; Connecticut, 2; Indiana, 4; Iowa, 3; Louisiana, 1; Maine, 2; Maryland, 3; Massachusetts, 12; Michigan, 6; Mississippi, 1; Nebraska, 1; New Hampshire, 1; New Jersey, 2; New York, 15; Ohio, 8; Oregon, 1; Pennsylvania, 6; Rhode Island, 1; South Carolina, 1; South Dakota, 1; Tennessee, 1; Texas, 1; Vermont, 1; Virginia, 4; Washington, 1; Wyoming, 1. The wide geographical distribution, the fact that the group is unselected, and the large number of patients included, justify the conclusion that the data here presented are typical of the country as a whole.

During the year 1921, there were 28,999 first admissions to these hospitals, of whom 16,297, or 56.2 per cent, were males and 12,702, or 43.8 per cent, females. To this same group were admitted 2,474 males and 553 females with general paralysis —or 9 males for every 2 females.

The following summary gives the sex distribution of the first admissions with general paralysis and cerebral syphilis, together with their percentages of all first admissions:

	Number			*Per cent of total first admissions*		
	Males	Females	Total	Males	Females	Total
General paralysis...	2,474	553	3,027	15.18	4.35	10.43
Cerebral syphilis....	193	114	307	1.18	0.89	1.05
Total	2,667	667	3,334	16.36	5.24	11.48

The above figures show that one man in every six was admitted on account of syphilis. In the four state hospitals serving New York City, the ratio was found to be one to five.

The following table gives the age distribution by sexes of first admissions to these hospitals during 1921. Very little difference appears in the percentages for the two sexes, except for those under thirty, in which group are found 4 per cent of the males and 10 per cent of the females. Of each 100 new admissions with this disease, 5 entered a state hospital before the age of thirty years, 31 between the ages of thirty

TABLE 1. AGE AND SEX OF FIRST ADMISSIONS WITH GENERAL PARALYSIS TO STATE HOSPITALS DURING 1921

	Number			*Per cent*		
Age	Males	Females	Total	Males	Females	Total
Under 15 years.........	....	4	4	....	0.7	0.1
15–19 years...........	4	5	9	0.2	0.9	0.3
20–24 years...........	14	12	26	0.6	2.2	0.9
25–29 years...........	83	36	119	3.4	6.5	3.9
30–34 years...........	260	61	321	10.5	11.0	10.6
35–39 years...........	507	111	618	20.5	20.1	20.4
40–44 years...........	497	96	593	20.1	17.4	19.6
45–49 years...........	438	91	529	17.7	16.5	17.5
50–54 years...........	300	53	353	12.1	9.6	11.7
55–59 years...........	173	36	209	7.0	6.5	6.9
60–64 years...........	113	28	141	4.6	5.1	4.7
65–69 years...........	43	5	48	1.7	0.9	1.6
70 years and over.......	17	1	18	0.7	0.1	0.6
Unascertained	25	14	39	1.0	2.5	1.3
Total	2,474	553	3,027	100.0	100.0	100.0

and forty, 37 between the ages of forty and fifty, 19 between the ages of fifty and sixty, and 6 between the ages of sixty and seventy. As general paralysis usually develops from five to twenty-five years after the original primary infection, and as those individuals who contract syphilis generally do so in their teens or early twenties, it is not surprising that almost 70 per cent of the new admissions are between the ages of thirty and fifty years.

The accompanying chart (page 568) compares the age distribution of first admissions with general paralysis and the first admissions with other psychoses to the hospitals represented.

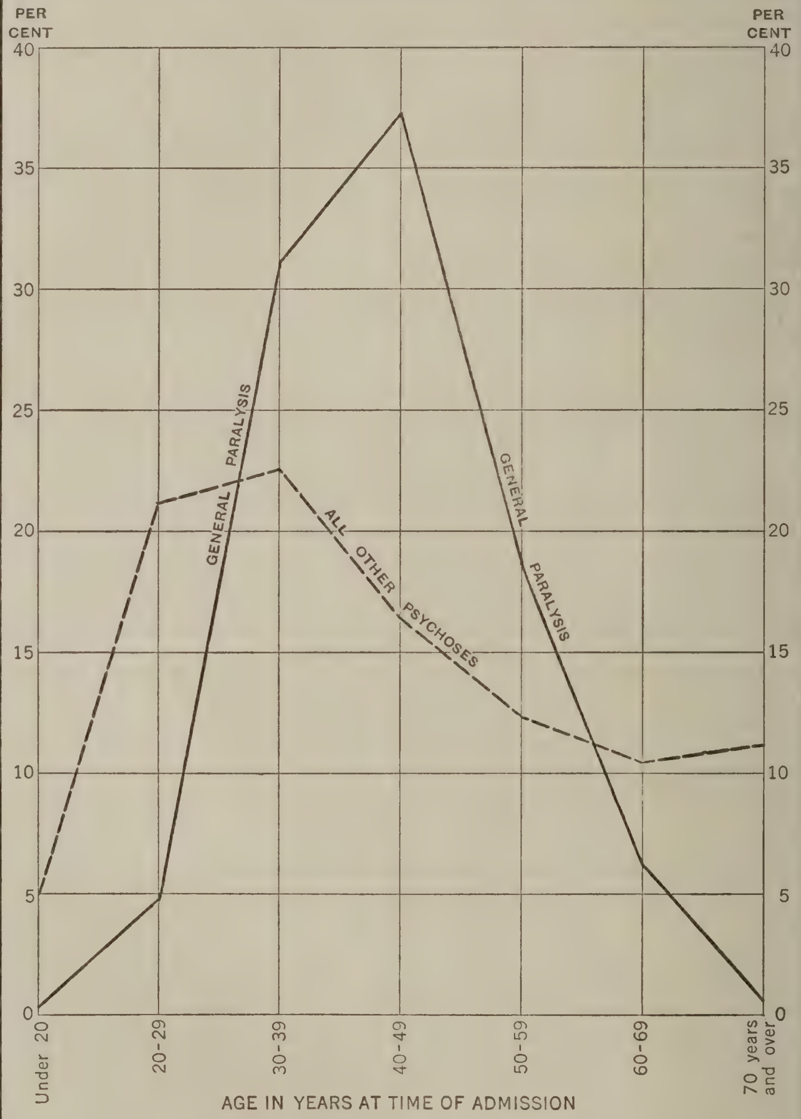
A study entitled *General Paralysis in New York State, 1913-1922*, by Dr. Horatio M. Pollock, to be published in an early issue of *The State Hospital Quarterly*, deals with 8,142 first admissions with general paralysis to the 13 civil state hospitals in New York during that period. In that study, the average age on admission for the 6,524 males was found to be 44.0 years and for the 1,618 females 42.3 years.

Of each 100 first admissions with general paralysis to the hospitals included in the present study, it was found that 6 were illiterate, 15 were able to read and write only, 61 had a common-school education, 9 had attended high school, 3 had attended college, and the education of 6 was unascertained. The following table compares by percentages and sexes the education of the first admissions with general paralysis and those with other forms of mental disease.

TABLE 2. PERCENTAGE DISTRIBUTION BY EDUCATION AND SEX OF FIRST ADMISSIONS WITH GENERAL PARALYSIS AND FIRST ADMISSIONS WITH ALL OTHER PSYCHOSES TO STATE HOSPITALS DURING 1921

	General paralysis			*All other psychoses*		
Education	Males	Females	Total	Males	Females	Total
Illiterate	5.8	6.1	5.9	9.4	9.4	9.4
Reads and writes	14.1	17.2	14.6	19.9	18.7	19.4
Common school	61.2	59.7	60.9	54.5	53.7	54.1
High school	9.6	8.8	9.4	7.2	10.0	8.6
College	4.0	1.1	3.5	2.7	2.4	2.5
Unascertained	5.3	7.1	5.6	6.3	5.8	6.0
Total	100.0	100.0	100.0	100.0	100.0	100.0

PER CENT DISTRIBUTION BY AGE GROUPS OF FIRST ADMISSIONS WITH GENERAL PARALYSIS AND WITH ALL OTHER PSYCHOSES



From the above table it will be seen that the first admissions with general paralysis had a larger percentage of males and a smaller percentage of females with a high school or college education than the other forms of mental disease combined.

As regards environment, it was found that 84 per cent came from urban communities and only 14 per cent from rural districts, while the environment of 2 per cent was unascertained. The environment of the population of the United States as a whole is 51 per cent urban and 49 per cent rural. The terms urban and rural are used as in the United States census classification, urban applying to places having a population of 2,500 or over, all other places being considered as rural. The following table gives the percentage distribution of the environment by sexes.

TABLE 3. PERCENTAGE DISTRIBUTION BY ENVIRONMENT AND SEX OF FIRST ADMISSIONS WITH GENERAL PARALYSIS TO STATE HOSPITALS DURING 1921

Environment	*Males*	*Females*	*Total*
Urban	83.6	86.9	84.2
Rural	14.5	11.6	14.0
Unascertained	1.9	1.5	1.8
Total	100.0	100.0	100.0

A study[1] of first admissions to state hospitals during 1919 showed that the rates for first admissions with general paralysis per 100,000 of general population of the same environment were as follows: urban 8.6 and rural 2.0. These figures differed considerably from the rates found for the other psychoses, as shown by the following summary:

	Rate per 100,000 *of population of same environment*	
Psychoses	Urban	Rural
Senile	7.2	5.4
With cerebral arteriosclerosis	3.3	1.4
General paralysis	8.6	2.0
Alcoholic	2.8	0.6
Manic-depressive	10.5	6.8
Dementia praecox	19.4	9.5
All psychoses	68.2	36.0

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[1] *Mental Diseases in Twelve States, 1919.* By Horatio M. Pollock and Edith M. Furbush. MENTAL HYGIENE, Vol. 5, pp. 353–89, April, 1921.

With respect to the economic condition of first admissions with general paralysis to state hospitals during 1921, it was found that of each 100 cases, 22 were reported as ''dependent'', 56 as ''marginal'', and 18 as ''comfortable'', while the economic condition of 4 was unascertained. These terms are thus defined: ''dependent''—lacking in the necessities of life or receiving aid from public funds or persons outside the immediate family; ''marginal''—living on daily earnings, but accumulating little or nothing, being on the margin between self-support and dependency; and ''comfortable''—having accumulated resources sufficient to maintain self and family for at least four months. The following table compares the percentage distribution by economic condition and sexes of first admissions with general paralysis and those with all other psychoses.

TABLE 4. PERCENTAGE DISTRIBUTION BY ECONOMIC CONDITION AND SEX OF FIRST ADMISSIONS WITH GENERAL PARALYSIS AND WITH ALL OTHER PSYCHOSES TO STATE HOSPITALS DURING 1921

Economic condition	*General paralysis*			*All other psychoses*		
	Males	Females	Total	Males	Females	Total
Dependent	21.8	23.7	22.2	25.0	22.8	24.0
Marginal	57.0	50.8	55.9	53.0	48.6	50.9
Comfortable	17.5	20.2	18.0	18.9	24.4	21.5
Unascertained	3.6	5.3	3.9	3.1	4.2	3.6
Total	100.0	100.0	100.0	100.0	100.0	100.0

In regard to the use of alcohol, it was found that of each 100 first admissions with general paralysis, 27 were abstinent, 39 temperate, and 23 intemperate, while the alcoholic habits of 11 were unascertained. The following table gives the corresponding percentages by sexes for first admissions with general paralysis and for those with all other forms of mental disease combined.

TABLE 5. PERCENTAGE DISTRIBUTION ACCORDING TO USE OF ALCOHOL AND BY SEX OF FIRST ADMISSIONS WITH GENERAL PARALYSIS AND WITH ALL OTHER PSYCHOSES TO STATE HOSPITALS DURING 1921

Use of alcohol	*General paralysis*			*All other psychoses*		
	Males	Females	Total	Males	Females	Total
Abstinent	21.4	49.7	26.5	31.9	68.5	49.3
Temperate	42.4	21.3	38.5	39.2	16.7	28.5
Intemperate	26.0	11.7	23.4	19.0	3.3	11.5
Unascertained	10.3	17.3	11.5	9.8	11.5	10.6
Total	100.0	100.0	100.0	100.0	100.0	100.0

From the above table a comparatively high percentage of intemperance may be ascribed to this group. The differences in percentages for the two sexes is also noteworthy. The following summary from a study for the year 1920,[1] which gives the percentage of intemperate users of alcohol among the first admissions with the principal forms of mental disease during that year, brings out the high rate of alcoholism among admissions with general paralysis.

Psychoses	*Percentage of intemperate users of alcohol*
Senile	9.7
With cerebral arteriosclerosis	14.1
General paralysis	28.4
Alcoholic	100.0
Manic-depressive	8.1
Involution melancholia	5.4
Dementia praecox	10.6
Paranoia or paranoid conditions	11.4
Epileptic psychoses	9.4
Psychoneuroses and neuroses	5.0
With psychopathic personality	17.5
With mental deficiency	12.5
All other psychoses	13.5
Total psychoses	14.7

Of each 100 new cases of general paralysis admitted to the hospitals included in the present study, 23 were single, 60 were married, 9 were widowed, 6 were separated or divorced, while the marital condition of 2 was unascertained. The following table gives the percentages by sexes.

TABLE 6. PERCENTAGE DISTRIBUTION BY MARITAL CONDITION AND SEX OF FIRST ADMISSIONS WITH GENERAL PARALYSIS TO STATE HOSPITALS DURING 1921

Marital Condition	*Males*	*Females*	*Total*
Single	24.9	13.1	22.7
Married	59.8	59.6	59.7
Widowed	7.5	17.1	9.3
Separated	1.7	2.5	1.9
Divorced	4.4	5.3	4.6
Unascertained	1.7	2.4	1.8
Total	100.0	100.0	100.0

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[1] *Comparative Statistics of State Hospitals for Mental Diseases, 1920.* By Horatio M. Pollock and Edith M. Furbush. New York: Bureau of Statistics of The National Committee for Mental Hygiene, 1922.

Particularly striking is the large percentage of married persons and the marked differences in the sexes of the single and widowed patients.

It has not been found practicable to collect data concerning occupations from the state hospitals for mental disease throughout the country. But a study of 7,605 males and 1,906 females admitted to the 13 New York civil state hospitals during the period from October 1, 1909 to June 30, 1921[1] contains considerable information concerning occupations among first admissions with this disease. A high rate of general paralysis was found among persons employed in domestic and personal service. In the professional service, there was an exceedingly high rate among actors, authors, editors and reporters, musicians and music teachers, and a very low rate among clergymen, draftsmen, physicians, and school teachers.

During the year 1921, there were 312 readmissions with general paralysis to 88 state hospitals, of which number 231 were males and 81 females. They constituted 6.0 per cent of the male, 2.4 per cent of the female, and 4.3 per cent of the total readmissions to those hospitals. There were 34 readmissions with cerebral syphilis, of whom 21 were males and 13 females, constituting 0.5 per cent of the readmissions. Readmissions come principally from the dementia-praecox and manic-depressive groups, these two forms of mental disease together accounting for about two-thirds of the readmissions each year.

General paralysis is a type of mental disease from which exceedingly few persons recover. From the group of hospitals represented in this study 16,915 patients were discharged during the year. Of this number only 558 were patients with general paralysis. The following summary shows the distribution of these patients by sex and condition on discharge:

TABLE 7. CONDITION ON DISCHARGE OF PATIENTS WITH GENERAL PARALYSIS DISCHARGED FROM STATE HOSPITALS DURING 1921

	Number			*Per cent*		
Condition	Males	Females	Total	Males	Females	Total
Recovered	7	6	13	1.6	4.6	2.3
Improved	263	86	349	61.4	66.2	62.5
Unimproved	158	38	196	36.9	29.2	35.1
Total	428	130	558	100.0	100.0	100.0

[1] "Occupation and General Paralysis", by Horatio M. Pollock and William J. Nolan. *State Hospital Quarterly,* Vol. 8, pp. 388–408, May, 1923.

From the above summary, it will be seen that 2 per cent of the patients discharged with general paralysis were reported as recovered and 63 per cent as improved on discharge. The corresponding data for all discharges during that year may be of interest.

TABLE 8. CONDITION ON DISCHARGE OF ALL PATIENTS DISCHARGED FROM STATE HOSPITALS DURING 1921

	Number			*Per cent*		
Condition	Males	Females	Total	Males	Females	Total
Recovered	2,753	2,784	5,537	30.0	36.0	32.7
Improved	4,289	3,639	7,928	46.7	47.1	46.9
Unimproved	1,378	1,005	2,383	15.0	13.0	14.1
Not insane	764	303	1,067	8.3	3.9	6.3
Total	9,184	7,731	16,915	100.0	100.0	100.0

Based upon total admissions with general paralysis for the year, the recovery rate for this disease was 0.4 per cent and the improvement rate 10.5 per cent. In other words, for every 1,000 patients who were admitted with general paralysis, 4 were discharged as recovered and 105 as improved. The improvement rate among the males was 9.8 per cent and among the females 13.6 per cent.

The corresponding percentages for the principal psychoses during 1920[1] may be of interest.

Psychoses	*Per cent discharged as recovered*	*Per cent discharged as improved*
Senile	0.5	7.9
With cerebral arteriosclerosis	1.5	11.4
General paralysis	0.4	12.6
Alcoholic	80.7	46.4
Manic-depressive	51.4	24.0
Involution melancholia	20.3	23.0
Dementia praecox	4.9	34.2
Paranoia or paranoid conditions	8.3	31.5
Epileptic psychoses	7.5	22.1
Psychoneuroses and neuroses	30.9	28.5
With psychopathic personality	36.6	26.4
With mental deficiency	20.0	21.8

Along with low percentages of recovery and improvement we find a high percentage of deaths in the general-paralysis

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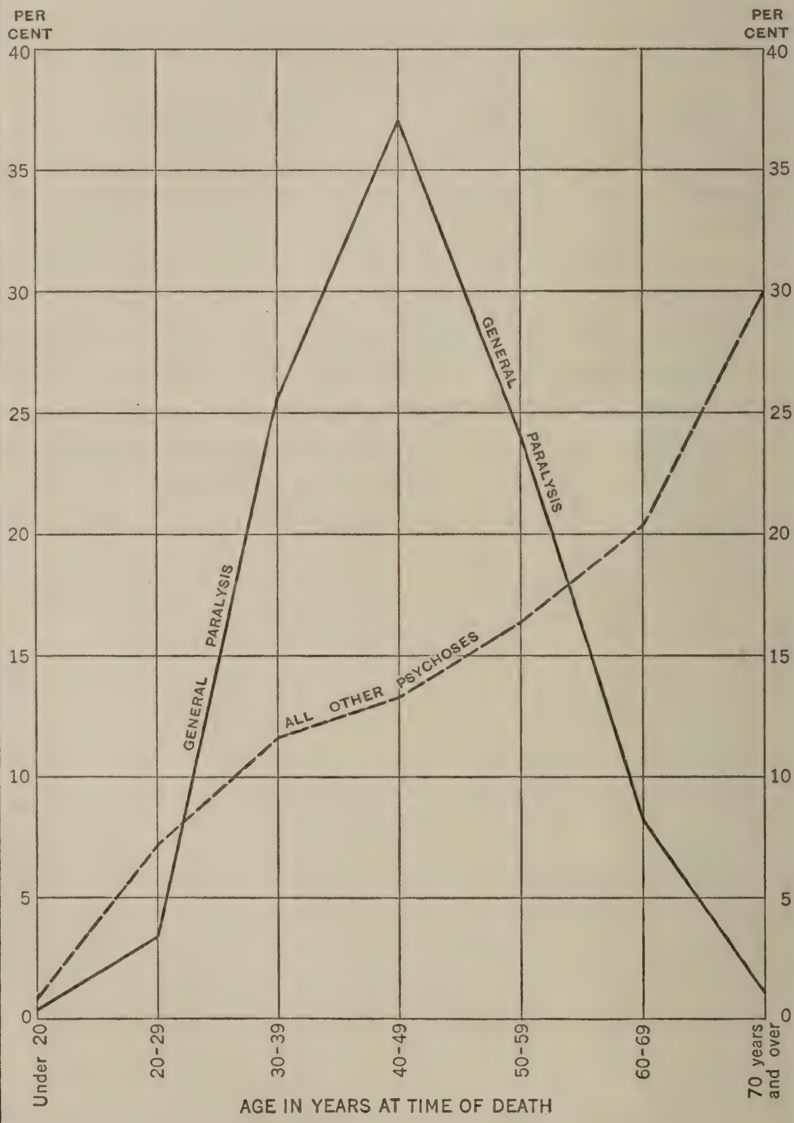
[1] *Comparative Statistics of State Hospitals for Mental Diseases, 1920.* See note, page 571.

PER CENT DISTRIBUTION BY AGE GROUPS OF PATIENTS DYING WITH GENERAL PARALYSIS AND WITH ALL OTHER PSYCHOSES



group. In these 88 state hospitals, 2,008 males and 432 females died with general paralysis during 1921. These deaths were 27.0 and 7.4 per cent, respectively, of the total deaths for each sex. Based upon total admissions for the year in each sex, the death rate for males with general paralysis was 74.7 per cent and for females 68.4 per cent. In the study by Dr. Pollock referred to on page 567, the annual death rate among males with general paralysis was 341 per 1,000 under treatment, and among the females 279 per 1,000 under treatment.

Of the 2,440 patients with general paralysis who died in these hospitals during 1921, 21, or 1 per cent, were under twenty-five years of age; 65, or 3 per cent, were from twenty-five to thirty; 627, or 26 per cent, were from thirty to forty; 903, or 37 per cent, from forty to fifty; 586, or 24 per cent, from fifty to sixty; 197, or 8 per cent, from sixty to seventy; and 28, or 1 per cent, were seventy years and over. In the case of 13 the age at death was not ascertained. The chart on page 574 compares graphically the age distribution of patients dying with general paralysis and those dying with all other psychoses combined.

The following table gives the percentage distribution of deaths with general paralysis and with all other psychoses by ages and sexes.

TABLE 9. PERCENTAGE DISTRIBUTION BY AGE AND SEX OF PATIENTS DYING IN STATE HOSPITALS WITH GENERAL PARALYSIS AND WITH ALL OTHER PSYCHOSES DURING 1921

	General paralysis			*All other psychoses*		
Age group	Males	Females	Total	Males	Females	Total
Under 15 years	*	...	*	*	0.1	0.1
15–19 years	0.1	1.4	0.3	0.8	0.8	0.8
20–24 years	0.3	1.4	0.5	2.4	2.6	2.5
25–29 years	2.3	4.4	2.7	4.4	4.7	4.6
30–34 years	7.9	8.6	8.0	5.1	5.8	5.5
35–39 years	18.3	15.0	17.7	5.7	6.7	6.2
40–44 years	20.0	17.6	19.6	5.7	6.7	6.2
45–49 years	16.8	20.1	17.4	6.6	7.3	6.9
50–54 years	14.8	16.0	15.0	7.2	7.9	7.6
55–59 years	9.4	7.2	9.0	9.2	8.1	8.6
60–64 years	5.9	5.6	5.8	10.3	9.2	9.7
65–69 years	2.5	0.9	2.3	11.9	9.1	10.5
70 years and over	1.1	1.2	1.1	29.8	30.3	30.0
Unascertained	0.5	0.7	0.5	0.9	0.6	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0

* Less than one-tenth of one per cent.

The age at death is relatively low for general paralysis. The following summary of patients who died in the New York state hospitals during 1921[1] shows the average age at death in a few of the principal psychoses, from which it will be seen that the average age for general paralysis is lower than for any other of the principal groups of mental disease.

Psychoses	*Average age at death*
Senile	75.2 years
General paralysis	44.8 years
Alcoholic	56.6 years
Manic-depressive	47.9 years
Dementia praecox	49.8 years
Paranoia or paranoid conditions	65.4 years
Epileptic	45.4 years

Of as much significance as the age at death is the short period of hospital residence of patients with general paralysis. It was found that of each 100 deaths, 60 had a hospital residence of less than one year; 27 of more than one, but less than three years; 12 from three to eight years; and 1 from nine to nineteen. The following table shows the corresponding percentages for the two sexes:

TABLE 10. PERCENTAGE DISTRIBUTION BY LENGTH OF HOSPITAL LIFE AND SEX OF PATIENTS DYING WITH GENERAL PARALYSIS IN STATE HOSPITALS DURING 1921

Hospital life	*Males*	*Females*	*Total*
Less than 1 month	12.1	14.7	12.5
1–3 months	19.8	18.3	19.5
4–7 months	17.3	13.8	16.7
8–12 months	12.4	8.0	11.6
1–2 years	27.1	25.0	26.7
3–4 years	7.3	12.4	8.2
5–6 years	2.0	4.6	2.5
7–8 years	1.0	1.8	1.2
9–10 years	0.4	0.9	0.5
11–12 years	0.2	0.2	0.2
13–14 years	*	0.2	0.1
15–19 years	0.3	...	0.2
Total	100.0	100.0	100.0

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[1] *Thirty-third Annual Report of the State Hospital Commission, July 1, 1920, to June 30, 1921.* Albany: New York State Hospital Commission, 1922.

Patients with general paralysis remain in hospitals a relatively short time, especially as compared with those who have dementia praecox. A comparison of the average length of hospital life in the principal psychoses of patients who died in the New York state hospitals during 1921[1] may be of interest.

Psychoses	*Average length of hospital life*
Senile	1.9 years
With cerebral arteriosclerosis	1.2 years
General paralysis	1.3 years
Alcoholic	9.1 years
Manic-depressive	4.4 years
Involution melancholia	2.8 years
Dementia praecox	15.1 years
Paranoia or paranoid conditions	13.6 years
Epileptic psychoses	6.8 years

It has been estimated that about 30,000 persons die annually in hospitals for mental disease. In the group of hospitals studied, persons dying with general paralysis constituted 18.36 per cent of the total deaths during the year 1921. If this percentage holds good for the remaining hospitals, 5,500 persons with general paralysis die annually in hospitals for mental disease in this country.

The outstanding facts concerning general paralysis, as shown in this study, may be summarized as follows:

Of all new cases admitted each year to hospitals for mental disease, over one-tenth have general paralysis.

General paralysis claims nearly four times as many males as females.

The great majority of admissions with this disease are in early middle life.

A much greater proportion come from urban than from rural communities.

A larger percentage of intemperance is found among persons admitted with this form of mental disease than for any other form except the alcoholic psychoses.

General paralysis claims for the most part married men and women.

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[1] *Thirty-third Annual Report of the State Hospital Commission, July 1, 1920, to June 30, 1921.* See note, page 576.

This disease has a low improvement rate and a markedly high death rate, but is less severe among women than among men.

The hospital life of persons with general paralysis is shorter than for any other principal form of mental disease.

The prevalence and fatal character of general paralysis point out the urgent need of more extensive and intensive efforts to check the spread of syphilis, and emphasize the importance of applying treatment in the early stages of the disease, so that its later disastrous developments may be prevented.

A REPORT OF A STUDY OF ONE HUNDRED FEEBLEMINDED GIRLS WITH A MENTAL RATING OF ELEVEN YEARS OR OVER*

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IN selecting the one hundred cases for this study, only three conditions were required: they must be girls, chronologically sixteen years of age or over, and with a mental age of 11 years or 11 plus.

We were prompted to make this survey in an attempt to answer the question, ''What brought these girls to the institution? Why should girls of this mental rating be confined in an institution when our observation compels us to believe that many individuals no better endowed with mental ability are apparently making good in the community?''

In the effort to solve this problem, we took these girls as we found them and make a study, first, of their reactions during their daily life in the institution; second, of their histories before coming to the institution; and, third, of their family histories.

In studying their reactions in the institution, observations were made under the following headings:

I. Temperament and disposition.
II. Morality and habits.
III. Social relationships.
IV. Nature and quality of work (in school and industrial classes and general domestic work in the institution).

Under the various headings, the following outline was made as a guide in the study of these cases:

I. Temperament and Disposition

Does she indulge in fits of temper?

Is she excitable, hysterical, generally good-natured and happy, or ill-natured, inclined to be moody, and easily depressed?

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* Read at the Forty-sixth Annual Meeting of the American Association for the Study of the Feebleminded, St. Louis, May 18-20, 1922.

Is she open and confiding or reticent and seclusive?

Is she introspective and given to daydreaming? Does she indulge in brooding over disappointments and complain about being in the institution?

Does she recognize that she has limitations and is she conscious of her own faults?

Is she often wilful, disobedient, and liable to attacks of stubbornness or ill-temper?

Does she learn by unpleasant experience or is she always ready to take great risks for slight objectives?

Is she easily managed or inclined to be independent, combative, or rebellious?

How has she reacted to corrections that it has been necessary to give?

Does she like religious services, and does religion hold any vital place in her life and have any real influence over her? Is she over-religious? Does she indulge in self-reproach? Is she noticeably superstitious?

II. Morality and Habits

Does she know right from wrong? Does she show a general tendency to wish to do the right thing? Does she tell the truth or is she a falsifier? Is she sly and deceitful? Does she pilfer things from her associates? Is she a schemer and does she lend herself readily to intrigue?

What are her standards as to personal cleanliness? Has she a normal pride in personal appearance? Is she vain? Is her regard for personal appearance backed up by personal tidiness or is she slovenly and untidy in her immediate person and in her work?

What are her tendencies towards indecencies and vulgarity with her associates?

III. Social Relationships

What is her general deportment and attitude towards physicians, teachers, matrons, and attendants in the institution?

What kind of associates does she select as chums (with names of the closest)?

Does she have an undue affection for any one?

Is she a leader among the girls with whom she daily associates or is she easily led?

Is she over-suggestible?

To which does she respond more readily—good influence or bad influence?

Does she have a tender interest in young children or does she show a tendency to impose on them and ridicule them?

What is her manner toward the opposite sex? Does she attempt to write and pass notes? Does she attempt to make herself unduly conspicuous in their presence or does she conduct herself in a ladylike manner?

How does she conduct herself at public entertainments such as movies, dances, plays, and at church services? Does she become unduly excited, silly, talkative, and noisy or does she manifest a quiet, attentive attitude and enter into the amusements, recreations, and entertainments in a quiet, responsive manner?

Is she seclusive? Does she ever manifest an unresponsive or sulky attitude while others are showing proper appreciation of entertainments, dances, etc.?

Has she herself any special ability towards entertainment or recreation?

IV. Nature and Quality of Work in School and Industrial Classes

How far has she gone in regular work?

What is the quality of her work in school and what is her deportment in school?

What special classes, such as gymnasium, singing, orchestra, domestic science, does she attend?

What industrial classes does she attend? What has she learned to do best in these classes? What has she attempted to do and failed in? What has been her aptitude in learning in the industrial classes? Quality of her work?

What does she like to do best? What is the estimate of her teachers in her school work?

What kind of domestic work has she done in the institution? What has she done best in this line and in what is she most interested?

In her work, has she been thorough, neat, and orderly or has she been superficial, slack, and careless? What are her mental and temperamental reactions towards her various duties? Is she quick or slow? Does she give good attention to her duties? Is she industrious? Is she happy while performing her duties or cross and indifferent? Do the same duties have to be explained to her each day or does she acquire routine fairly well? Can she make adaptions in her work to meet changed conditions easily or do changed conditions stop her entirely? Does she use any individual planning or insight in her work? Does she show any resourcefulness or does she have to be constantly supervised? Can she assist others to any extent?

The following table gives the classification of these girls according to their intelligence quotients and shows also their present relation to the institution—*i.e.,* whether they have been inmates continuously since admission, are out on parole, have been returned from parole, or have been discharged.

	In institution continuously	*Now on parole*	*Returned from parole*	*Discharged*	*Total*
High-grade moron (I.Q. 60–69)	4	5	0	5	14
Border-line (I.Q. 70–79)	31	12	8	11	62
Dull (I.Q. 80–89)	7	4	3	4	18
Normal (I.Q. 90–110)	3	2	0	1	6
Total	45	23	11	21	100

Tabulation of the girls according to their outstanding traits as these were observed in the institution gave the following results:

20 were	depressed moody complaining
46 were	not dependable sly trouble-makers

32 were subject to temper explosions
11 were pilferers
27 showed abnormal attraction for the opposite sex
29 were given to infatuation for the same sex
16 were decidedly lazy
52 were
- stubborn
- impudent
- quarrelsome

38 were
- sensitive
- seclusive
- hysterical
- flighty
- excitable
- "off in space"

6 were without special undesirable traits.

With regard to quality of work in the institution, 32 of the girls gave entire satisfaction wherever they were placed; 42 did satisfactory work with the qualification that they had a faulty attitude, were in need of constant supervision, or showed some character defect; and 26 were definitely unsatisfactory in some branch.

The parole histories of 49 of the 55 girls who are or have been on parole have been ascertained. Twenty-one of the 49 are still on parole, 11 have been returned to the institution, and 16 have been discharged. The main facts in their parole histories are as follows:

Thirty-two of the 49—16 of those now on parole, 7 of those returned from parole, and 9 of those discharged—have been satisfactory in their work.

Twenty-one—3 of those now on parole, the 11 returned from parole, and 7 of the discharged—have been unable to make adequate adjustments.

Eight—7 of those returned from parole and 1 of the discharged—have been immoral.

Four of those returned from parole bore illegitimate children during the parole period.

Four—2 of those now on parole, 1 of those returned from parole, and 1 of the discharged—have shown abnormal reactions.

Twelve—7 of those now on parole, 2 of those returned from parole, and 3 of the discharged—have been disagreeable.

Nine—4 of those now on parole, 3 of those returned from parole, and 2 of the discharged—have been restless and depressed.

Nine of the discharged have married.

The present whereabouts of 3 of the 49—2 of those now on parole and 1 of the discharged—are unknown.

A study of the histories of these girls before their admission to the institution revealed the following outstanding traits:

70 were backward in school
34 were pilferers
51 were untruthful
43 were subject to temper explosions
42 were lazy or slack
40 were untidy
36 were stubborn
40 were highly nervous, excitable, peculiar
71 were immoral

Thirteen of the girls were themselves illegitimate, and 32 were the mothers of illegitimate children before their admission to the institution. Twenty-four bore 1 illegitimate child, 6 bore two, and 2 bore 3, making a total of 42 illegitimate children.

Investigations of family histories shows that 41 of the girls have 90 brothers and sisters who are social problems, a total of 131 social problems for the 41 families represented by these girls. Fifty-five of the 90 brothers and sisters who are social problems, representing 29 families, are in institutions; 35, representing 21 families, are outside institutions.

The following tabulation gives the main points in the histories of the parents of these 100 girls:

	Fathers	*Mothers*
Intemperate	43	12
Immoral	25	42
With court record	7	12
Divorced	8	8
Deserters; whereabouts unknown	20	7
Shiftless	13	10
Unable to control child	6	11
Careless or cruel	9	11
Insane, erratic, or excitable	6	13
Considered below normally ignorant	9	23
Tuberculous	3	8
Otherwise not well physically	5	15
Good	6	6
No record	14	16

The fact that no records were obtained for 14 fathers and 16 mothers indicates in all probability that their histories are poor. If that is the case, only 6 fathers and 6 mothers have a good history, mentally, morally, and physically—an appallingly small number.

In the case of 22 of the girls, records were secured for other relatives besides those in the immediate family. The outstanding facts in these histories are as follows:

Intemperate	
Great-uncles	6
Grandfathers	3
Uncles	2
Aunts	3
Total	14

Immoral	
Grandfathers	2
Grandmothers	7
Great-uncles	3
Great-aunts	4
Uncles	2
Aunts	7
Total	25

With court record	
Grandfathers	1
Grandmothers	1
Great-uncles	1
Uncles	2
Aunts	2
Total	7

Mentally defective	
Grandfathers	1
Grandmothers	2
Uncles	3
Aunts	7
Total	13

Tuberculous	
Grandfathers	2
Grandmothers	1
Great-uncles	2
Aunts	1
Total	6

Insane	
Grandfathers	1
Grandmothers	2
Total	3

Epileptic	
Uncles	1
Aunts	1
Total	2

Shiftless	
Grandfathers	2
Uncles	1
Total	3

Deserters	
Grandfathers	1
Uncles	1
Total	2

Parents of illegitimate children	
Grandmothers	4
Great-aunts	3
Aunts	4
Total	11

From our study of the reactions of these girls in the institution, we find that we are dealing with a group of people with profound temperamental disturbances, people who are subject to violent outbursts of temper and of whom many are nervous to the point of emotional instability. They have very little foresight in their planning. They are largely creatures of impulse, acting on the whim of the moment, and while they gradually acquire knowledge by constant repetition, very few are able to do satisfactory work without constant supervision. There is a noticeable lack of will power to do the thing they do not feel like doing or, on the contrary, to keep from doing impulsively the thing they happen to feel like doing at the moment. They are kind-hearted and affectionate in a primitive sort of way toward their associates at one time, and at another are revengeful and treat their companions with dislike and even hatred. Truthfulness and untruthfulness are of no great significance to them; they will use whichever is most convenient. They respect the right of ownership and possession only when they are pleased to do so. They are quick to notice the faults and defects of their associates, however, and they usually talk fluently on the difference between right and wrong. The stronger the natural impulse, the more easily do they fall victims to it. Is it any wonder, therefore, that they make such pitiable failures in managing their sex lives?

Studying their personal histories before they came to the institution, we find the same character traits in evidence. They were backward in school, incapable of applying themselves; most of them were great problems. They had temper explosions, were lazy, untidy, stubborn, and highly nervous and excitable, and stealing and lying were common traits. They were quite unable to control the sex instinct.

From a study of their family histories, we find that these girls are truly a cross section of the families from which they come. In almost every instance, it was through the kindness of some protective agency that they were removed from lives of degradation with their families and guided to the institution.

The family histories of these girls certainly show an appalling number of degenerate and antisocial character traits. These girls are meeting life true to form. They are reacting to their environment as their brothers and sisters, their fathers and mothers, their grandfathers and grandmothers, their uncles and aunts, and their great-uncles and great-aunts did before them.

From our study of these girls we are constrained to believe that other factors as well as impaired intelligence are responsible for their inability properly to adjust themselves to social requirements. Their whole make-up is faulty, and especially out of alignment is their temperamental nature, which is a powerful factor in molding their character traits.

While we have been able to parole approximately 25 per cent of these girls with a fair degree of success, we do not claim to have made any fundamental change in their characters. They have manifested the same character traits before coming to the institution, at the institution, and on parole. Their antisocial traits are held in check in the institution by the supervision given them, and their success on parole depends on the degree of supervision they receive.

On account of their high mental rating and attractive personal appearance, it will be impossible to retain many of these girls in the institution indefinitely, yet it can readily be seen that in the large class represented by this group lurks great potential peril to the community. A study of these girls' family histories and their own personal histories ought to convince us that they and the group that they represent should be prevented from assuming the responsibilities of motherhood.

SOME OBSERVATIONS ON MENTAL HYGIENE WORK IN ENGLAND

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FROM the point of view of the psychiatric social worker, the most important development in the progress of psychiatry during the last quarter of a century has been the growing tendency to regard certain of the mental diseases as problems in social relationships. Germany has probably taken the lead in the development of theoretical psychiatry, but it has been in the United States that practical application has been made of the theory that modification of the external contacts of the patient may alleviate or cure his mental malady.

The first psychiatric social service in New York State was established in response to a definite, recognized need for the supervision of patients discharged from state hospitals for mental disease, but the inspiration for such service came from the work of the Mental After-Care Association in England, as the result of a visit made there by Miss L. L. Schuyler in 1905. This association was formed in 1879, but did not begin active work until 1886, under the chairmanship of Dr. Hack Tuke. Its objects were to facilitate the readmission to social life of poor persons discharged as recovered or on probation from mental hospitals; its methods consisted of friendly visits and advice, assistance towards maintenance while work was being sought, and the provision of clothing or tools when occupation was found.

About 6,000 persons are annually discharged as recovered from mental hospitals in England and Wales. They are of various callings and conditions of life, but many of them are without homes or friends to whom they can go. For such persons, boarding places are arranged by the After-Care Association. These are small "cottage homes" in which a man and his wife are willing to take a discharged mental patient as a lodger, the board being paid by the association for several weeks until employment is found.

Many a social worker in America has wrestled with the ethics of the problem of finding employment for a patient who is either suffering with or recovering from mental disease. How far shall she go in telling the prospective employer of the difficulties of her client? Shall she frankly put into the employer's hands a tool that he does not know how to use, thereby incurring the double risk of her patient's either being refused the much needed work or discharged at his first manifestation of difficulty? This question seems to have been satisfactorily settled as a matter of policy by the English After-Care Association, which makes it a point always to acquaint the employer with the facts in the case. It would appear that less trouble results from this course than when the patient's state of health is concealed at the time of employment, in which case he is likely to lose his situation if his condition becomes known.

As will be readily seen, the aims of the Mental After-Care Association were originally followed by the Volunteer After-Care Committee to Manhattan, Willard, and other state hospitals in New York. In England, the work has continued more closely along its original lines, except that it has doubtless become better organized, and the association, having a small salaried staff in addition to its volunteers, has assumed the form of a professional social-service organization. The central office in London is in charge of a salaried secretary, who directs not alone the work of her own staff, but also that of various local branch organizations that have been formed throughout the kingdom in connection with various hospitals.

The work is supported entirely by voluntary contributions and has never attempted to widen its scope to include the various types of social investigation that may be undertaken while the patient is still in the hospital, or to assist individuals who are suffering from incipient nervous or mental difficulties that have not yet reached the hospital stage. It is interesting to speculate as to what would have been the result had the work of the Mental After-Care Association been incorporated into the institutional régime, as has been done in the United States. Would it have been able, through the social contacts that the psychiatric worker makes within the community, to start the trend of public opinion toward prevention?

The reasons why such a step has not been taken are doubtless many and complicated, and it is beyond the scope of such an article as this to consider them except in a superficial way. One of the most obvious has to do with the complicated nature of the English insanity laws. Dr. L. A. Weatherly, in an excellent book advocating changes in the laws that provide for the care of patients with mental disease, speaks of the indifference with which in early days the general public looked on while sufferers from mental disease were treated like wild animals and sometimes even exhibited to the public at a nominal charge. To quote from Dr. Weatherly: "These awful happenings struck no chord of terror in the public mind. At last, however, humane people agitated for new lunacy laws and these were enacted in 1845. Lunacy commissioners were appointed to visit the unfortunate sufferers and better and more humane treatment was the result."

Unfortunately, certain scandals connected with the care of mental patients continued for a number of years and led the public to regard all persons in any way connected with the care of such patients with suspicion and distrust. These scandals were disclosed with no uncertain voice by Charles Reade in his book *Hard Cash*. In response to the public agitation for greater legal stringency, a new lunacy act was passed in 1892, aiming at the gradual extermination of private mental hospitals. This act more than ever handicapped the treatment of early cases of mental disease. Unfortunately, its framers did not seek the advice of those who had worked unceasingly in this branch of medicine and whose experience might have made the act helpful. This law forbids the treatment—for pay—of persons of unsound mind away from their homes without a petition, two medical certificates, and a magistrate's order. If any one attempts to treat such a person for profit without complying with these legal forms, he is liable to criminal prosecution. The effect of such a law upon the entire field of prevention of mental disease is obvious. Treatment of incipient mental disease in England is inadequate and discouraging to the efforts of the most gifted medical men because of this failure to provide for voluntary commitments. In Scotland, the situation is different. Here, says Dr. Thomas Clouston, "a patient can be treated with a view to cure anywhere outside of an asylum for twelve months without formal certificates if a medical opinion to that effect and intimation is sent to the Commissioners in Lunacy". In England, a patient who is receiving out-patient treatment and who needs possibly a short period of inpatient treatment must submit to the unwieldy and humiliating process of certification before treatment can be continued. How large a part this has played in the arrested development of English out-patient clinics it is hard to say, but it seems fair to attribute to it a considerable degree of responsibility for their backward condition at present.

This brings us down to the question of social work. The connecting link (voluntary commitment) in the chain of preventive work is broken. In the United States, the mental-hygiene movement has gone forward by working backward; that is, the most obvious need was filled first—hospital care for the insane. This was followed by provision for voluntary commitment, establishment of out-patient clinics to reach those cases not sufficiently advanced to need hospital care, increased parole of patients from state hospitals under social-service supervision, and increased use by the medical staff of investigations of environmental conditions as material contributing valuably to anamnesis. Once the hospital has linked itself with the life of the community through clinic and social work, it inevitably embarks upon an ever-widening circle of active usefulness in the field of prevention. Children's courts, municipal courts, reformatories, prisons, truant schools, public schools, and the like, all provide a rich field for the psychiatrist and the psychiatric social worker. Preventive work in the United States is still in its infancy, but there is a growing tendency, not alone among hospital social workers, but among charity-organization societies and other family case-work organizations, to look for possible mental factors in the problems of truancy, delinquency, unemployment, and so forth. Progress in general-hospital social work in England has been steady, although not so rapid as in the United States. The fact that not every one has the necessary qualifications, either educational or temperamental, of a successful social worker has long been recognized by the Hospital Almoners Council. The term "lady almoner", to denote what Americans prefer to call "social worker", is indicative not alone of the origin of social work in England, but also of the nature of the service these workers render. As summarized in the annual report of the Hospital Almoners Council, the duties of a hospital almoner are as follows:

> "1. To check the abuse of the out-patient department by patients who are
>   (a) in a position to pay for the treatment
>   (b) insured persons under the National Insurance Act entitled to the services of a panel doctor and not requiring special hospital treatment
>   (c) too poor to benefit by any assistance other than that obtainable through the Poor Law. Adequate inquiries are made, with the assistance of charitable societies, for this purpose.
>
> 2. To insure as far as possible that all patients to whom treatment is granted shall benefit to the full by that treatment by securing, with assistance of outside charitable agencies if necessary, the full coöperation of the patient in carrying out the treatment prescribed by the hospital.
>
> 3. To act as a connecting link between the Out-patients' Department and outside charities."

The intensive course of training that the almoners undergo also stresses economic, rather than mental factors, in the causation of the social problems of the patients.

English psychiatrists and neurologists and a growing portion of the English public have long realized the need for reform in the insanity laws as well as in the various other phases of mental-health work. Since the war, the need of establishing additional out-patient clinics has been urged, and several London hospitals have put such clinics into operation. The medical profession are keenly interested in the mental-hygiene movement in the United States and Canada, and many of them were found to be not merely receptive to the idea of psychiatric social work, but anxious to have such workers attached to the staff of each clinic. But two difficulties always seemed to these busy men insurmountable. First came the question, "How can these workers be trained?" second, the inevitable statement, "We haven't any money." The tendency in the medical profession is to encourage the establishment of psychiatric clinics in connection with general hospitals, and English general hospitals are dependent upon voluntary charitable contributions to a larger extent than is the case in the United States. Institutional budgets gave little reason to be optimistic as to the possibility of obtaining a grant of funds for any untried plan, however attractive or economical it might be made to sound, and England is at present poor so far as private capital goes.

Finally, however, a public-spirited woman, who has for some time been interested in mental welfare, agreed to pay the salary of a worker for six months, if the necessary arrangements could be made. It was arranged that the money should be contributed to the funds of the Central Association for Mental Welfare, whose chief activities in the past have had to do with the problem of mental defect, a problem which, by the way, the English have worked out in a very thorough manner, especially along the lines of community supervision of the feebleminded. A worker whose training, personality, and experience were suited to the task in hand was engaged by the Central Association for Mental Welfare, offering her services to two London hospitals on a half-time basis for each, for a period of six months. The out-patient clinics thus served were those connected with Maida Vale Hospital for Epilepsy, Paralysis, and other Nervous Diseases, and Bethlem Royal Hospital. The type of social work undertaken was similar to that with which psychiatric social workers in America are familiar in connection with mental clinics. But probably because of the large number of organic cases treated at Maida Vale and the lack of sufficient time to acquaint the neurologists with the ways in which specialized social work can contribute to the understanding and handling of organic as well as functional cases, the experiment in connection with this hospital was discontinued at the end of six months. At Bethlem, however, it was planned in October 1922 to continue the work, the salary to be paid by the hospital. It is worthy of comment that Bethlem, one of the oldest hospitals for mental disease in the world, should be the first in England to take this forward step in promoting the mental health of the community.

There was considerable interest in incorporating psychiatric social work as part of the regular program of mental-health work to be undertaken in connection with the newly reopened Maudsley Hospital, and it is to be hoped this has been carried out. At any rate, there seems to be an awakening to a new era in the prevention of mental disease in England. In the issue of MENTAL HYGIENE for July 1922 the organization of an English committee on mental hygiene was announced. This committee will doubtless welcome and support a movement in the field of psychiatric social work that marks a departure from the type of service known as "hospital almoning". Mental-hygiene workers in the United States, too, will watch with interest the development of English psychiatric social work.

THE DEFECTIVE CHILD—WHAT CAN BE DONE FOR IT*

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IT is no longer necessary to define or describe the conditions covered by the term mental defective, as scientists agree fairly well on all forms except the border line and most social workers have become more or less familiar in the course of their work with some, if not all, of the types. But the problem of care and treatment has not as yet been satisfactorily worked out, and we are still confronted with a number of social problems, almost overwhelming in view of their ramifications, that appear to be directly traceable to mental deficiency—in which, at least, mental deficiency is an important factor. This discussion, therefore, will not include a description of the defective child, but will deal entirely with the question of what can be done for him.

Mental defect, at the present time, remains an incurable condition; improvement of the condition comes largely as the result of specialized education and training. The defect must be accepted, at least for the present, as a permanent handicap, and a program must be developed whereby these individuals can be made happy and given an opportunity to develop what ability they have under conditions that will allow them self-expression and yet protect them and prevent their exploitation.

Success with this group depends on early recognition, proper training, and permanent supervision. The first can readily be brought about—increasing provisions for this type of service are being made throughout the country (witness the number of large cities that give entrance examinations to school children, of traveling clinics from state hospitals, and of surveys conducted by The National Committee for

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Mental Hygiene). The second is the crux of the whole matter, but is still in the experimental stage. Without the third all that has been gained through training is lost, but as yet society is not quite ready to assume this responsibility of supervision. Those who are handicapped by feeblemindedness, apparently, are a permanent charge, a trust that never ends, but the outlook is not so dark as appears at first sight. I, for one, am quite hopeful and feel that a fairly satisfactory solution is possible, provided we face the issue and assume our responsibilities. The problem has been thrust upon us whether we wish to accept it or not. There are many sufferers from mental defect—many more, apparently, than was realized when the problem was first recognized—and in self-defense we will have to provide for them. The important point is that they need not be total liabilities, but can be made productive. Many of them can become entirely self-supporting and others partially so; whereas it was once thought they were all necessarily dependents. Now that this has been disproved by actual demonstration, the problem of training—how to obtain the best results—becomes the important issue.

Survey of the work seems to indicate that an effective program can be undertaken immediately without great additional expense. Fortunately it is not so much a matter of increasing equipment as of developing and using to better advantage the facilities already at hand. But better organization and closer relations will have to be established, making the schools, courts, clinics, and state institutions parts of a unit for handling the problem rather than separate units, as is the case now, when each operates independently. The clinics, whether developed by school, court, or hospital, should serve as centers for diagnosis and study, should maintain continuous oversight of all work, and should have adequate facilities for intensive follow-up work over a long enough period to obtain reliable results, in order to determine whether the recommendations made are practical and meeting the demands. The special classes, whether in public schools or in state institutions, should serve as the clinic's laboratories for observation and act as clearing houses, teachers, supervisors, psychologists, superintendent, and nurses all working together to develop the type of organization that will deal most effectively with the largest number of defective children of trainable age.

While these patients will never develop adult mentality and most of the material used in teaching them will have to be that used in the lower grades, their needs, all through the pre-school and school periods, are largely those of the normal child of the same mental age, but their training must be slower and more limited in scope, and extend over a longer period.

The Pre-school Period

The pre-school training is most important and deserves as much attention as is now being given to that of the normal child of the same age. This is the period in which to lay sound foundations for later character development. The establishment of good habits—such as keeping clean, attending to personal wants, dressing, caring for toys and clothing, helping about the house—will prevent difficulties later. This is also the period in which to insist upon obedience, to check tantrums and emotional outbreaks. Training in self-control at this time will save many an unstable child from later breakdowns when the stress and strain of life become more severe.

Formal Education

Formal education as given in the classroom should be developed to meet the needs of children who are suffering from the less severe forms of mental defect. No matter what the difficulties of instruction may be, every effort should be made to give such children every advantage they are capable of using, because at best they will always be dependent—in matters of judgment, if not economically. While the subjects may be limited, the instruction should be thorough. This means smaller classes with intensive work over a long period. The material must be concrete, related to the children's own experiences, and come within the limits of their comprehension. Teaching of the three R's should not be discouraged whenever the child shows the ability to grasp it. A few of these children can do eighth-grade work, some do creditable work through the sixth, most of them will not get beyond the fourth; but whatever the actual school attainment, they should be taught to recognize coins, make change and simple measurements, and tell time, season of the year, and the like. Arithmetic lessons, instead of being confined to formal instruction, which is beyond the children's comprehension, can very easily be given in the form of store keeping, running errands, measuring, buying, selling, and exchanging. Dr. Fernald has already developed this form of teaching at Waverley, where he is training patients with parole in view. Simple reading also offers many possibilities, and whilst most of these children will never acquire enough facility at it to enjoy it as a pastime, they can learn enough to read newspapers, signs on street cars and thoroughfares, and legends at the movies. About all that can be expected of them in the way of geography is a knowledge of their immediate environment and a general idea of the topography of their own city, so that they can go about without getting lost; but it is surprising how many of them are interested in city affairs—new buildings under construction, local elections, strikes, baseball scores, changes in traffic ordinances, safety-first campaigns, and the like—and follow them closely in the newspapers and public speeches. While less successful with writing, they can learn to write simple letters, make out small accounts, and sign their names—enough to carry on elementary business affairs without being dependent on others.

Industrial Training

By the fourteenth year, industrial training may be undertaken and generally the children turn to it with enthusiasm; they have as a rule begun to grow restless under the restraint of the classroom, largely because they are reaching their maximum development and school has little more to offer them except in the way of industrial training. Here again the type of work chosen and the methods of teaching must be determined by the individual's ability to profit by the instruction, his predilection for certain kinds of work, and the opportunities in his community of securing employment in such work after he leaves school. These children will always be helpers and work under supervision, but with proper training, many of them make very good assistants and most faithful and reliable servants—nursemaids, chore boys, farm hands, porters, and section hands. Girls of the high-grade-moron type can be taught to do fine ironing and simple sewing and cooking. In one of the Detroit special classes the school lunch room is used to teach cafeteria service, from planning the menus and buying the food to cooking and serving the meals. At the same time the girls are learning in the sewing class to make their caps, aprons, and uniforms, and are receiving instruction in dress and in the care of their clothes, with emphasis on personal cleanliness and good habits. And there is a third class in laundering table linen, tea towels, uniforms, and aprons, with instructions and demonstrations in general laundry work. After completing this training, the girls are given an opportunity to work in cafeterias, laundries, or as dressmakers' or tailors' assistants, under the supervision of the vocational worker. In case of failure or inability to adjust, they return to school for further instruction, to go out again later when they are better prepared or a more suitable place has been found for them. Some of the girls paroled from the Michigan Home and Training School have been taught to sew well enough to make their own clothes, and frequently, when paroled, report with a complete wardrobe, including organdie party dresses, everyday clothing, and work aprons, as well as undergarments, all of which they have learned to make in class. All of our paroled girls who have been taught to sew are encouraged to continue to make their clothes, and they voluntarily spend their free time after working hours in mending, making over old garments, or cutting out and making new things for themselves and their families, especially the younger children. These are high-grade girls, but many of them were quite helpless with a needle and too restless to sew before receiving training. Our records for boys are not so interesting because a different type of boy is being paroled—that is, of a lower grade of intelligence, as there are very few of the higher-grade boys in institutions. The boys' records are quite as good as the girls' in the matter of steadiness of employment, but their wages are lower. Where the girls' wages are running from $8 to $22 a week, the average being $12, the boys are averaging about $10, although a few are getting $15 a week.

Habit Training

Industrial training should be continued until the child is properly placed in industry, when formal education ceases; but of much greater importance are habit training and character building. To be effective, these should begin in the preschool period and continue through school and into the twenties. Unless a workman is adaptable and dependable, his vocational training will be of little practical value. Habit training is even more important for those who are suffering from mental defect because they have not the initiative or the self-control of the normal child. Parents, teachers, and psychologists are equally responsible for this part of the defective child's education; character building must be carried on throughout the full twenty-four hours, or what has been gained in one set of relations will be lost in another. Mental defectives, in spite of their bad reputation, are capable of favorable response to such training and every experience that arises should be used as teaching material. Little conscious effort need be put forth if questions of honor, principle, morality, are settled as they arise in each day's experience at home, in school, or at work. Defective children can be taught to be industrious, to take pride in their work, to give conscientious service, to be loyal to employer, supervisor, and themselves, prompt, reliable, and thrifty, even though they do not understand these virtues in the abstract. In the earliest years seeds of respect for the authority of parents, teachers, supervisors, and the law can be sown and gradually developed with the development of the child's experience. The importance of obedience cannot be overemphasized in the training of this group of children. Pride in personal appearance can be extended to pride in the home, the neighborhood, the school or work, and as the children become socialized, many of them will even be interested in the maintenance of the group's happiness and efficiency, though this again will be a matter of feeling-tone and attitude, involving no understanding of the principle involved.

Recreation is another important factor in the training of defective children and can be made a helpful ally, being as necessary as work in controlling their conduct. Not only does it serve as relief from monotony and strain, but it offers occasions for instruction, has a socializing influence, and can be made to develop wholesome interests outside of work. The tastes of these children are simple and their wants easily satisfied, but glee clubs, orchestras, theatricals, and many games, as well as organized out-of-door play, will do much to keep them happier at their work and less apt to seek excitement at objectionable resorts.

Supervision

Without adequate supervision, much of this training would be lost, and because of the nature of mental defect, permanent supervision is necessary. Just how intensive it must be will depend on the type of individual and the kind of work he takes up. Most of our failures have been due to lack of proper training and inadequate supervision or to the fact that supervision was discontinued after training and the period of initial adjustment in industry. We now realize that our obligation to those who are handicapped by mental defect is permanent. Some one will always have to meet emergencies for them, straighten out their difficulties, and start them off again. Responsible individuals or social agencies must assume intensive supervision of them throughout life. Like the rest of us, they need encouragement, advice, and friendly interest, and while they may need more of such assistance than the average person, there will be no return without it, and the results will be worth the effort. The community as a whole has yet to learn the necessity of meeting this obligation.

This program includes the education of parents along with the child, but when they are incapable of education, as is often the case with the parents of defective children, the responsibility rests with the supervisor. Whether the formal education is carried on in special classes in the public schools or in the state training schools will depend largely on the needs of the individual and the facilities offered by the community, but more opportunities for adequate care at home will have to be developed, as institutional care for all is not only prohibitive, but unnecessary, and there is a strong feeling against taking children from parents except in cases of extreme cruelty or neglect. We shall continue to need state training schools, but possibly they may have to be developed along slightly different lines to meet the demand for care and training that cannot be carried on economically or efficiently in the community, as there will always be types of mentally defective persons who will need custodial care, as well as those who are totally dependent.

As the plan develops, there must be closer coöperation between teachers, parents, and the expert in mental defect. As long as court officers are necessary in handling those who are suffering from mental defect, they, too, will be asked to be a part of the educational and supervisional system, but it is to be hoped that the time will come when the defective individual can be spared court experiences and court officers will be unnecessary. The Parent-Teachers' Association should have mental-hygiene sections and special divisions for the discussion of special-class problems. While the subject of mental deficiency is a delicate one, since there is still a feeling of embarrassment connected with mental deviation and no one likes to be called names, much depends upon the way the matter is presented, and a little tact will go a long way toward making these meetings helpful to teacher and parent. The supervisor is a go-between and must serve as mediator for the child with teacher, parent, and employer. Her responsibility does not end with the patient, but extends to the parents and the community. She must quietly educate as she goes. Her home visits should be friendly, instructive, and advisory; she should encourage the patient and win the confidence and respect of the parent. At places of employment, she should familiarize herself with the needs of the work, assist the patient to understand what is wanted of him, and at the same time help the employer to judge the child in terms of his defective intelligence.

Classification for Training

The group of border-line patients and of patients suffering from the higher types of mental defect are the most numerous and also the most difficult to handle because of the social problems they present, and yet this is the group for whom the outlook is most hopeful, so far as economic success is concerned. The doubtful cases should be given every opportunity for normal development and only then should they be placed with the deviates. Segregation from the normal group should not be resorted to until medicine, education, and physical care, with habit training, have been exhausted.

In the case of the high-grade children—those with a mental age of from 7 through 10—the training, whenever possible, should be carried on in the community, since it is here that they must make their adjustment after the training period. This is not only more normal for the child, but it educates the community and the parents in their responsibilities, and incidentally costs less. There are some cases, however, that cannot be cared for in the community. These fall into three groups—(a) those whose parents are unable to care for them at home because of illness, mental incompetency, or economic or social conditions, (b) those who are dependent and without families, and (c) those whose parents have allowed them to get out of control or who have become neighborhood nuisances through delinquency and antisocial habits. After a period of training in an institution, many of these children can be paroled, provided they show a favorable response, but they must be returned to responsible persons for permanent supervision. No amount of training will ever equip them to stand alone, but it will make it possible for them to get along with less assistance, to contribute toward their support, if they cannot be entirely self-supporting, and to constitute less of a liability in the form of trouble-makers through misconduct.

While children of the low-grade types are incapable of profiting by formal education and are therefore excluded from the classroom, many of them can be made happier and less troublesome through habit training. They can at least be taught to dress and feed themselves. The higher grades of this group, when not handicapped by physical deformities, may be able to do some work, but generally nothing more than simple chores. Farm work offers the best solution for this group. Imbeciles present a more serious problem because, while they can be trained to be self-helpful, many of them give trouble during adolescence and later, largely because they are misunderstood and are given responsibilities beyond their abilities. Such individuals can be committed to institutions, but by keeping them at home when they are quiet, the state is saved unnecessary expense, and the responsibility is placed where it belongs. With the idiot, it is entirely a problem of physical care. Neither the imbecile nor the idiot need be hospitalized if the family can provide adequate care at home. The condition of such children is apparent to all and so incapacitates them that they cannot get into much mischief.

A program such as this will give every defective child a chance to develop whatever potentialities he may have; his individual needs can be considered, his idiosyncrasies allowed for, and attempts made to overcome his peculiarities so far as possible. Mentally defective persons apparently offer almost as many varieties of reactions as the normal population and cannot be handled effectually by group methods any more than the children in the public school. This program will make it possible to reclaim many individuals who otherwise would be liabilities, and even those who can never become entirely self-supporting can usually be made less troublesome and less of an expense by being trained to contribute useful service under supervision, in this way returning to the state something for their training and care.

While no adequate survey of the mentally defective persons in the country has as yet been made and we have only rough estimates, it looks very much as if the ‘‘decent feebleminded’’—Dr. Fernald’s term—far outnumber the troublemakers, who are so much better known that they have given a bad name to the entire group. It is true that social workers and court officers seldom see what they would spontaneously call a ‘‘hopeful defective’’, but the very nature of their work limits their contacts to the failures—those who have been neglected, abused, misunderstood, and subjected to unwholesome influences and bad suggestions. Careful study and intensive work have shown that many of these individuals can and do respond almost immediately when placed under conditions suited to their needs, and while it takes time to establish good habits, there will be constantly fewer and fewer lapses; but their good behavior will always be dependent upon the right surroundings and supervision. The army survey showed that there were many quiet, industrious, law-abiding defectives who had never given any trouble, and whose defective mentality had not been discovered because they were living under conditions simple enough to fall within their comprehension, and the social demands upon them were not too great. Whether this was the result of mere accident or of a natural tendency to gravitate to positions that they could fill, the deduction that their good behavior was due to satisfactory adjustment remains the same—and points the way to a solution of their problem. The program just outlined makes it possible to give those who are handicapped by mental defect the kind of life for which they are best suited and protects them from exploitation and accident. Moreover, it provides an opportunity to work out scientifically some of the problems whose issues so far have been clouded because they have never been observed and studied under controlled conditions, with the various factors that enter in to involve and complicate them ruled out.

Custodial Care

It is, however, true that in spite of the most careful training and special safeguards, there will be a group of defectives who are so unstable and erratic in conduct and who have such difficult personality make-ups that they can never adjust; others seem to be inherently delinquent—that is, incapable of developing what is generally summed up under the term social sense, so that their reactions are antisocial. I am of the opinion that this group is not nearly as large as was formerly thought, but whatever their number, as soon as they manifest such reactions and fail to respond to training, they should be removed from the larger group and placed in permanent custody. In this way many of the more serious offenses of adolescence could be prevented and the individual saved from experiences that often make it impossible for him to mingle safely with other children. Permanent custody will have to be provided for (a) all those who are of too low a grade of intelligence to be of any economic value and whose families cannot care for them; (b) all those who are temperamentally incapacitated through personality make-ups that preclude adaptation in social relations, generally referred to as the unstable types; and (c) the defective delinquent, a group that can be divided into two classes. The first includes those who appear to have inherent character defects and who are incapable of filling social obligations. There are also those who are so unstable or have such lowered inhibition as to be incapable of continuity of effort. Some of these are capable of response under conditions especially arranged to meet their needs, but never attain enough self-control to return to the community. The second class consists of those who have become delinquent because of faulty training and mismanagement. An ideal arrangement would be the addition of a special institution for the defective delinquent, but where these cases must be cared for at the parent institution, special equipment and removal from the other children under training should be provided. It is unnecessary and unwise for the large mass of defectives to be brought into contact with the defective delinquent and subjected to his suggestions. Where the response is not favorable, either in the special class, the state school, or the institution for the defective delinquent, the patient should be transferred for permanent custody, preferably to a colony, which would be a branch of the state training school. Here he can be shielded from experiences that he is not equipped to meet and yet given opportunity to develop whatever he possesses in the way of initiative.

SUMMARY

A program for the proper care and training of mentally defective children should include:

1. Clinics for diagnosis and psychiatric studies.
2. Hospitals and adequate medical care—to include correction of physical defects whenever possible.
3. Adequate facilities for training—special classes, state training schools, with provisions for hospital care and colonies for custodial types and defective delinquents.
4. Proper and intensive training over a long period, with the emphasis on habit training or character building.
5. Adequate and permanent supervision and the development of community responsibility, which means the development of a personnel of especially trained workers who are temperamentally suited to handle the defective.

ABSTRACTS

Psychotherapeutics. By E. Farquhar Buzzard, M.D., F.R.C.P. *The Lancet,* 204:330-32, February 17, 1923.

Psychotherapy is as old as the medical profession itself. "It would not be an exaggeration to say that it has been the mainstay of medical practice for centuries and that no medical man has been consistently successful in treating patients who has not, consciously or unconsciously, practiced psychotherapy."

The present interest in the subject is the result of the new importance attached to the study of ætiological factors in disease, both physical and mental. The medical men of the last century devoted most of their attention to the investigation and description of full-grown processes; to-day interest is centered upon the origin and development of those processes. The facts brought to light with regard to the origins of physical diseases have been accepted with little opposition. In the mental field, however, the discovery of the important part played by sex in many mental disorders has stirred up violent resistance and provoked discussions that have tended to give the subject of psychotherapy an undue prominence.

The success of psychotherapy must depend ultimately upon the proper education of the public mind with respect to mental disorders, and that education cannot be adequately conducted until the medical profession is equipped for the purpose. At present the newly qualified man or woman is usually very poorly equipped in this respect. "His or her attention has been engrossed with organic diseases, and there has been little time to spare for what is 'only functional'. Little do they recognize at this stage that in practice a predominant portion of their work will concern disorders of function and for the most part perhaps disorders of mental function."

There are, however, peculiar difficulties involved in the teaching of psychotherapy. For one thing it cannot be practiced in the open; investigation of a patient's mental history cannot very well be carried on in the presence of students or graduates. Yet every physician teaching general medicine might give some time to the exposition of his views on psychotherapeutic methods, and every general hospital might be equipped with a department for minor mental disorders. The student learns a great deal from his teacher's attitude toward so-called functional patients, and either before or after qualification might spend a few weeks in a special department for the study of functional disorders.

''The importance of this question of education can hardly be exaggerated. The doctor poorly equipped in the psychical aspects of his profession may not only be lacking in the power to help his patients, but may, quite unwittingly, exert a harmful influence on them. A sedulous attention to some unimportant physical abnormality or an attitude of cheery optimism as the only weapon with which to face grave physical disturbances are equally potent causes in the production of chronic disabilities. If the medical man is able to recognize mental as well as physical suffering when he meets it, and particularly if he can discriminate between those psychical ailments which he has the power and time to alleviate and those which require special treatment and should be handed over to some one else, it is all that can be asked of him. He does this successfully with his surgical patients and there is no reason why he should not follow the same lines with patients suffering from mental disorders. But he must recognize the principle that time and skill are necessary and more fruitful of good results when spent early than when postponed until the disorder has become firmly rooted. There are so many patients who have suffered untold hardships from the advice to go away for a change, take plenty of exercise and lots of fresh air!''

A second difficulty in the path of psychotherapy is the time element involved. Few doctors can spare the time required for a successful use of the method in complex cases. Here it might as well be recognized that the specialist is a necessity.

There are dangers to be foreseen as well as practical difficulties to be overcome. One danger is the tendency to lay too much stress upon the influence of external stimuli in the causation of morbid mental phenomena. Another is the tendency to dissociate mental mechanisms from what is known of neurobiology. It should be remembered also that there are other forms of mental treatment besides psychotherapy and that these all have their value. ''Rest and isolation alone, or a good holiday, have relieved many patients of mental suffering, showing that the human mind can often work out its own salvation without extraneous help, provided it is not handicapped by fatigue. We can each of us develop an anxiety state overnight which is dispelled by a few hours' sleep. This knowledge should prevent our making the mistake of jumping into psychotherapy in the case of a patient who is worn out with anxiety and insomnia. Such an error of judgment has been responsible for many failures and tends to discredit the practice of psychotherapy. Again, we come across many patients who suffer from an obsession or phobia only when they are tired or when their resistance has been undermined by some bodily illness. True, the mental disorder is always lurking in the background ready to spring into activity when the defending forces are spent, and the patient would be more secure and much happier if the enemy were finally vanquished. At the same time these clinical experiences have their value, and go to prove that more than one factor is present in every case of disorder, mental or physical, and that successful treatment must be based on that knowledge.''

It is impossible as yet to arrive at any very definite conclusion as to which disorders properly come within the province of psychotherapy and which lie outside its domain. The psychotherapeutist is probably justified in claiming for his own the anxiety states, hysterias, obsessions, phobias, and many tics. Whether he has much of a contribution to make in the case of certain of the other diseases at which he is sometimes called to try his hand—such as epilepsy and the milder forms of manic-depressive insanity—is still doubtful.

In the field of organic disease, psychotherapy has a part to play in the way of removing morbid forebodings from the patient's mind and helping him to adjust to the facts of his situation.

THE THERAPEUTIC USE OF TRYPARSAMID IN NEUROSYPHILIS. By W. F. Lorenz, M.D.; A. S. Loevenhart, M.D.; W. J. Bleckwenn, M.D., and F. J. Hodges, M.D. *The Journal of the American Medical Association,* 80:1497-1502, May 26, 1923.

This paper gives the results of the use of tryparsamid (the sodium salt of *N*-Phenyl-glycineamid-*p*-arsonic acid) in a number of cases of syphilis of the central nervous system.

The action of the drug upon the spirochetes is comparatively feeble. Its therapeutic use in syphilis was based upon certain unusual features observed in experiments with animals, such as promptness of recovery from toxic injury, tolerance to repeated doses, a marked tonic effect, and the ability of the drug to induce resolution and healing of syphilitic lesions, even in the presence of actively motile spirochetes, without increasing the liability to a generalized disease.

Certain additional facts recommended the use of tryparsamid in the treatment of neurosyphilis. Experiments with animals had shown that the drug possessed an affinity for the tissues of the central nervous system that might be utilized to overcome the difficulties of penetration experienced with arsenicals and other drugs. Moreover, the fact that from 30 to 40 per cent of all syphilitic patients show positive spinal-fluid findings at some time in the course of the disease while only about 5 per cent develop paresis is evidence that in many cases the disease must be arrested and paresis spontaneously prevented. This seems to indicate some sort of a defensive mechanism that protects the nervous tissues, either making the cell more resistant or the toxins less destructive. A drug that was not directly inimical to the infecting organism, therefore, might very well have a therapeutic effect by acting as a stimulant to such a natural defensive mechanism.

Two groups of cases were treated, one made up of patients committed as insane and the other of noncommitted ambulatory cases. The group of committed cases included 42 of late paresis, 12 of early paresis, 2 of taboparesis, 1 of tabes, 2 of meningovascular syphilis, and 2 of generalized syphilis, the latter term including congenital syphilis, cardiovascular syphilis, tertiary skin lesions, and gummas. The noncommitted cases included 14 of asyptomatic paresis (syphilis with all the laboratory findings of paresis, but with no suggestion of mental disturbances), 3 of taboparesis, 4 of tabes, 8 of meningovascular syphilis, and 7 of generalized syphilis.

Before treatment was begun, the constant or basal serological level was obtained by a series of examinations of both the blood and the spinal fluid. Most of the patients had received antisyphilitic treatment at one time or another, but in no case later than six months previous to the authors' examinations.

After a series of examinations covering a period of from one to several weeks, treatment with tryparsamid was begun. During the treatment, blood specimens were taken every week and lumbar punctures were made usually at intervals of six weeks. Both before and during treatment, very complete clinical observations were made, including careful physical and mental examinations, blood counts, and so forth.

At first tryparsamid was used without any other antisyphilitic medication in doses of 5 grams at intervals of one week over a period of from five to six weeks. No further treatment was given. It was evident from the initial trial that tryparsamid alone had very marked beneficial effects, both clinically and serologically. It was found, however, that the serological improvement was not stable; regression approaching the original findings developed, although clinically the improvement seemed stationary. Mercury was, therefore, used in addition to tryparsamid and the combination of the two drugs was found to result in more permanent improvement of the serological findings as well as apparently more rapid clinical improvement.

After four or five administrations of tryparsamid in 5-gram doses at intervals of a week, almost 40 per cent of the patients complained of dimness of vision. In all except two cases this condition was transient and disappeared as soon as the drug was discontinued. The two patients in whom it persisted were far advanced paretics who had abnormal eyegrounds before treatment. In view of this experience, the rule was adopted of subjecting to careful ophthalmoscopic examination every case to be treated with tryparsamid and using the drug with great caution in any case that showed retinal changes. Also the initial dosage was reduced, and the doses gradually increased. It was found that a 3-gram dose, administered weekly, was sufficient to insure the therapeutic effect of the drug, and during a period of more than a year had produced no retinal disturbances or any other untoward manifestations.

During the last year the authors' practice has been to inject intravenously 3 grams of tryparsamid dissolved in 10 c.c. of sterile, freshly distilled water, the solution being given at intervals of one week for a period of eight weeks. Three days before the tryparsamid is given, mercuric salicylate is administered in 1-gram doses, a total of nine such injections, alternated with the eight injections of tryparsamid, comprising a course. The patient is then allowed a rest period of from five to eight weeks, when the course is repeated. After the second course and its subsequent period of rest, if there is continued evidence of activity or if the case is still serologically positive, a third course is given.

As to results of the treatment, the author reports that among the committed cases symptoms have been arrested and the patient has been discharged and is at work in 21 of the 42 cases of advanced paresis, 7 of the 12 cases of early paresis, 1 of the 2 cases of taboparesis, and all of the 5 cases of other forms of syphilis; in the 5 remaining cases of early paresis, the patients are all mentally in a condition to earn their livings, but have not been discharged on account of serological findings. Among the noncommitted cases symptoms have been arrested in 13 of the 14 cases of asyptomatic paresis, all 3 of the cases of taboparesis, 3 of the 4 cases of tabes, 7 of the 8 cases of meningovascular syphilis, and all of the 7 cases of generalized syphilis. The majority of the patients have made a decided gain in weight and their general state of health has markedly improved.

Tryparsamid used alone was found to alter the blood Wassermann reaction in more than 80 per cent of the cases treated. Some cases became absolutely negative. The use of mercury with tryparsamid altered this reaction most promptly; nearly every case so treated showed a demonstrable change in the direction of negativity. The spinal-fluid Wassermann reaction was finally altered in 78 cases, in 32 cases becoming completely negative. In 54 cases the lymphocyte count was reduced to normal; 40 cases showed negative globulin tests after treatment; and the colloidal gold test was favorably affected in 68 cases. Some of the patients, after a period of two years, again show serological changes, but clinical improvement has continued without change.

In conclusion the authors state that they have found the treatment with typarsamid and mercuric salicylate more effective than any other form of treatment in cases of early paresis and other forms of neurosyphilis. They recommend its trial in cases that serologically show no reaction to salvarsan (the so-called "Wassermann-fast" patients), in syphilitic patients who show a poor state of nutrition, and in those beyond middle age. It can be used to advantage in cases in which the patient cannot tolerate other arsenicals. They emphasize, however, the fact that tryparsamid possesses the potentiality of injuring the optic tract and should not be used in cases that show degenerative changes in the retina.

The Art of Medicine. By Stephen Rushmore, M.D. *Science,* 57:601-3, May 25, 1923.

Writing of the medical art of his own time, Plato made a criticism that applies almost equally well to medical practice to-day. The great error of physicians, he said, was that in treating the human body, they separated the soul from the body. Physicians are still treating patients as sick bodies instead of as sick persons, but the realization is growing that this is a mistake. The medicine of tomorrow will be dominated by the point of view of psychobiology.

The education of students in this new point of view involves a reorganization of the medical curriculum. At present, structure is studied first; then function; then defective or "diseased" structure and function; and finally cases of disease. Under the reorganized curriculum, "the patient, a sick person, will be studied first and chiefly. On the hypothesis that structure and function are interrelated, the student will go to the laboratory to get help in solving problems which the patient presents. The student will begin with the obvious, or more nearly obvious, and go on to the less obvious or the hidden. He will learn first to use his own senses, then try instruments of greater or less precision."

The major course for the four years will be the course in clinical medicine, and it will be the only major course, comprehending surgical therapeutics as well as the other forms of therapy now taught as specialties. The laboratory branches—which for convenience in schedule making may be divided into the anatomy group, the physiology group, and the pathology group—will be supplementary and subsidiary.

As to schedule, it is suggested that in the first three years, the mornings of five days a week be devoted to clinical exercise, and the afternoons and Saturday mornings to laboratory studies, each of the three groups of laboratory sciences being given on different days in the different years—the anatomy group, for instance, on Monday and Tuesday of the first year, Wednesday and Thursday of the second, and Friday and Saturday of the third. During the first five days of the week the hour from 9 to 10 would be given up to a didactic lecture; the hours from 10 to 12 would be devoted to the study of patients (bed patients, out-patients, patients in the districts). From 12 to 1 there would be a clinical lecture; an intermission from 1 to 2; and from 2 to 5 laboratory work preceded by a more or less formal talk by the instructor. This would mean at the most two didactic lectures a day. Saturday morning would be devoted to laboratory work preceded by a lecture. The fourth year would be left for electives.

''This scheme might be utilized in a complete school of medicine. The course as outlined would be followed by all students for two years. At the beginning of the third year, specialization in dentistry, public health, or industrial medicine could be undertaken, and two years, or the second half of the course, might be thus employed. The two years in the clinics with training in the general laboratory branches would be of great value to the dentist or doctor of public health. The 'practitioner' would devote four years to clinical medicine.''

SPEECH DISORDERS IN CHILDREN. By Smiley Blanton, M.D. *Health,* 3:30-32, June, 1923.

The normal child talks at fifteen months or before. The child who has not begun to talk at the age of two, therefore, should be taken to a nerve specialist and submitted to a thorough mental and physical examination. If there is mental retardation, the parents should face the fact and institute a proper course of training, including the teaching of speech, which ''makes the child's training in obedience easier, and, in addition, helps it to appear brighter and more normal''.

Where there is no organic difficulty, the attempt should be made to discover in what way the child's rearing and environment have been at fault and to reorganize its routine—often a difficult matter, since it involves the admission of wrong methods on the part of the parents. A child whose doting relatives have anticipated its every want sometimes does not acquire speech because it has never felt the necessity to voice its needs. This is an unfortunate situation not only for its effect upon the child's speech, but because it prolongs unduly the emotional dependency of babyhood. ''There is such a thing as psychic weaning of the child, as well as physical; in both it is unhealthy to delay beyond the normal period.''

After speech has once developed, three types of defect are common. The first is substitution of one speech sound for another, such as *th* for *s*. This has been attributed to a poor dental arch and poor occlusions, but among 1,100 freshmen examined in the speech clinic of the University of Wisconsin, while 50 had poor arch and occlusion and letter substitution, 265 had poor arch and occlusion and good speech. Letter substitution is the result of allowing faulty sounds in the child's speech to remain uncorrected, because they are considered ''cunning''. The slightest lisp should be corrected, but this should be done with wisdom, to avoid confusing and discouraging the child.

The second type of defect is indistinct speech, or, technically, oral inactivity. It is commonly called ''poor speech'', ''cluttering'', or ''mumbling''. Most of the children who have this defect suffered from digestive disturbances during infancy. Their diet is often faulty, and they are usually badly spoiled also. In such cases parents must be brought to see the necessity of reëducating the child, changing its diet and demanding clear speech.

The third type of speech disorder is stuttering. There are three things to be remembered by the parents of a child who stutters: (1) that stuttering is not a bad habit, but the symptom of a nervous, high-strung temperament that in one way or another is not being correctly handled; (2) that stuttering cannot be controlled by will power; and (3) that it is never ''outgrown'' any more than any other nervous illness is outgrown. Some stutterers may without assistance succeed in reëducating their emotions and arresting the condition, but they do not just outgrow it.

Stuttering should be regarded in the same light as fever. When a person has fever, we do not direct our treatment at the fever, but try to discover what is producing the fever and treat that. Speech training for stutterers is analogous to treatment of the fever; it does not touch the emotional difficulty that is causing the stuttering as the tuberculosis or pneumonia or typhoid germs cause the fever.

''Stuttering begins chiefly at the beginning of speech and at the beginning of school life. The majority of other cases are relapses rather than beginnings, with the exception of some war-neurosis cases. Any period of great emotional difficulty in a child's life, such as the acquiring of a new sister or brother and the necessary sharing of the father and mother with other children, may induce stuttering. Starting to school, with its attendant necessity of being away from mother and its competition with other children, may induce stuttering. In other words, any situation which induces feelings of inadequacy and inequality or anxiety may bring its attendant strain of chronic emotional states, and a break in the rhythmic smoothness and minutia of speech may result.

''We look forward to the day when the intelligent parent—conscious of the part played by early training in fixing the emotional type of the child—will recognize these early signs of failure of adjustment, and take their nervous or finicky or stuttering child to a physician with the same confidence with which they would take him had he a sore throat or broken leg, and say, 'Here is my child. Please lay out a course of training for me whereby I may modify my child and his environment and make him a well-balanced, normal individual.' The great indicators of emotional adjustment are the child's eating habits, his sleeping habits, his temper, and his speech. And the break in social adjustment which is most indicative of future trouble in the young child is that which we know as a speech defect.''

BOOK REVIEWS

Social Change, with Respect to Culture and Original Nature. By William Fielding Ogburn. New York: B. W. Huebsch, 1922. 365 p.

In *Social Change* Dr. Ogburn presents a consideration of the relative significance of culture and original nature. Accepting human nature as a constant, the author seeks in culture the explanation of the diversity of social life. In this he follows the traditional emphasis of certain American anthropologists, and his recognition of the uniformity of original nature shows him allied closely with the Boas school.

If the fundamental postulate be accepted, there remains little with which sociologists are likely to quarrel. ''The factor, social heritage, and the factor, the biological nature of man, make a resultant, behavior in culture.'' (p. 13.) Professor Ogburn holds that the general tendency is to overemphasize human nature as a cause and that, as human nature is elusive and difficult to measure, good methodology in the study of social phenomena sanctions as a first step the consideration of the cultural factor. The biological and psychological nature of man has, in all probability, not changed since the last Ice Age, and hence the great difference between life then and now is due to culture. The interesting question of the relation of inventions to mental ability is taken up, Dr. Ogburn stressing the importance of the cultural base as the determining factor in invention, and in support of his argument presenting 148 examples of inventions or discoveries made independently by two or more persons. As to the relative importance of invention or diffusion in shaping culture, he holds that diffusion is the more common, and adds: ''The great prevalence of diffusion as a source of the cultural growth of a particular people is further indication of the importance of the cultural factor as compared to the rôle of the inventor's mental ability.'' (p. 89.) This argument, however, can hold good only for material culture, as diffusion of non-material culture may be entirely negligible, notably, as Marett shows, in the reluctance of languages to mix.

The survival of culture from one age to another is considered by the author largely due to utility, although the utility may no longer be the same as in the time when the culture was developed. The phenomenon of cultural inertia is attributed to difficulties of diffusion, opposition of the ''vested interests'', social pressure ''which frequently prevents deviations in the direction of the new'', etc. (p.

186.) Tradition, however, is not of necessity opposed to change, neither is the psychological nature of man. ''It may therefore be part of our nature to love the new as well as to love the old.'' (p. 176.) ''If culture continues to grow with an increasing number of changes, we shall become habituated to change.'' (p. 180.) Nevertheless, there is a cultural lag: ''material-culture changes force changes in other parts of culture such as social organization and customs, but these latter parts of culture do not change as quickly. They lag behind the material-culture changes; hence we are living in a period of maladjustment.'' (p. 196.)

The familiar concept of such maladjustment is presented with helpful illustrations from modern life, the author pointing out various kinds of strains that may develop between one part of culture and another part. Finally evidences of lack of adjustment between culture and human nature are sought in neuroses and psychoses and in social problems. The analysis of this last section appears less significant than that of the earlier ones. The point is advanced that culture can more easily be changed than human nature, and the importance of developing forms of reaction that will permit the functioning of the instincts and desires of original nature is stressed.

Dr. Ogburn accepts McDougall's concept of instinct, emotion, and sentiment, although he more generally writes from the psychoanalytic point of view. The style is singularly clear and simple, so that the book should prove of immense value in presenting certain ideas to college students in elementary sociology.

The last two sections particularly are sometimes marred by a tortuous analysis which may prove irritating to the reader familiar with the steps of the argument. So much from so many angles is presented that the actual theory under discussion becomes attenuated. To turn upon the author his own distinctions, this is partly due to the operation of a closely reasoning, finely analytical mind and more particularly to the status of sociology to-day. We have not yet entered Comte's ''positive'' stage of observation and experimentation, very simply because no one has been able to work out an experimental technique for sociology, but we have nevertheless lost the courage of the metaphysical stage. The magnificent social philosophers of not long ago believed in the logic of their own thinking. The younger group of sociologists doubt a little—everything. Psychology, by the grace of physiology, was able to pass, as Titchener puts it, from the logical to the psychological, but the sociologists, coming at last to distrust the purely logical, wander through an argumentative maze in which they tend to say: ''This may be true, but also that which contradicts it may be true.'' The author of *Social Change,* combining an intensive training in several scientific fields, should become an increasingly significant figure in sociological thinking, but that he belongs to the younger group rather than the older is evidenced by his acute consciousness that to every statement must be appended the phrase, ''but on the other hand—''

Dr. Ogburn appears to hold that culture is not necessarily a product of human needs and desires, because it does not always satisfy these needs and desires. Sumner's study of the folkways and the *mores* as developing out of the efforts of human beings to live in a physical environment is perhaps a more fruitful concept than that of (apparently) self-generating and self-perpetuating culture. If culture be not a product of human needs and desires, it is surely a by-product. Culture does not grow out of culture by a mechanical inevitability; culture changes not because of any inherent capacity within itself, but because of the efforts of men and women to house and feed and amuse themselves.

To return to the basic concept, the similarity of original nature and the minimal importance of individual and racial differences, it is conceivable that very considerable changes may have appeared in the quantitative distribution of qualities. For this no mutation is required. The qualities may have remained the same while the relative strength of those qualities may have varied greatly. Boas himself has shown local variations in physical type arising by the process of breeding, without mutation; there seems no reason why the same should not hold true in mental life. A community of the feeble-minded and a community of the mentally superior would not be expected to present the same social aspects; the culture would be different because of quantitative differences in original nature. It is conceivable that the mode for any quality or trait may show wide variations between nations or between people living to-day and those living at the close of the Pleistocene, and that the observable differences in culture may be but the outward expression of variations in original equipment (plus, to be sure, the effect of the passage of time).

The corollary with which Professor Ogburn closes—that maladjustment between ''primitive'' nature and artificial civilization may be lessened by relatively minor changes in culture—while admissible in a limited sense, avoids a consideration of the possibility that maladjustment, both to-day and in the time of the cave man, may be a function of man's existence, just as much so as the upright position and viviparity, due to the fact that, as Watson says, nature does not require for survival very exact adjustments.

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THE INDIVIDUAL AND THE ENVIRONMENT: SOME ASPECTS OF THE THEORY OF EDUCATION AS ADJUSTMENT. By J. E. Adamson. New York: Longmans, Green, and Company, 1921. 378 p.

This volume, by the Director of Education of Transvaal Province, South Africa, is a work designed "to establish the view that in the conception of the adjustment of individual and environment we have a fundamental principle about which a rational theory of education can be developed". The book is divided into three parts, devoted to adjustment of the individual to, respectively, the world of nature, the world of civilization, and the world of morality. The discussion of adjustment is divided into three parts, dealing with the environment itself, the individual, and the process of adjustment.

While the book develops a theory of education much discussed, it has the advantage of being written by one who knows the modern developments in education, especially on the psychological side. He draws heavily upon the psychologist, and especially upon the social psychologist, in developing his thesis. He discusses as a basis the relation of education to its scientific and philosophic foundations; specially pertinent principles recently established—(a) the dynamic character of experience, (b) experience rather than consciousness the subject matter of psychology, (c) change as a characteristic of experience, (d) psychic fringes; social psychology; and the common idea of the bi-polar relation between teacher and pupil.

Illustrative of the author's treatment of psychological bases is his discussion of nature study. "We are not to select material because it coheres logically", he says. "The practice of choosing for a course of lessons objects of nature which belong to the same class—*e.g.*, rodents, insects, composite flowers—cannot be condemned too strongly. The reason is sound. These classes are scientific termini. They are late products of rational thought, whereas the child must travel along the track which leads to them. . . . Psychology and not logic must be our guide in the selection of material. Logic exemplified in the body of coherent scientific doctrine is the goal of adjustment, but the starting point is the child. The error of a logical as distinct from a psychological syllabus of nature study is a very common one. . . . It is perhaps natural, being an obsession of the enthusiast. The orderly array of phenomena is so arresting and satisfying to his scientific sentiment that he hurries to an attempt to bring his pupils up to his own level. They must envisage phenomena as he does in scientific order. It is a vain hope. Phenomena will only become interwoven with the fabric of experience if they are consonant with the pupil's interest."

The book is international; the author draws equally upon American and English writers. From this fact, as well as from the author's broad scholarship, it derives much advantage, and it has much to offer in return.

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ADENOIDS AND DISEASED TONSILS; THEIR EFFECT ON GENERAL INTELLIGENCE. By Margaret Cobb Rogers. New York: *Archives of Psychology*, No. 50, April, 1922. 70 p.

This monograph sets forth the answer to the author's self-posed question: Is there any causal relationship between diseased tonsils and adenoids and the intellectual status of children as measured by the intelligence quotient? As a corollary, there is the additional query: Would the mentally normal child with adenoids and tonsils have been superior without them, and would the superior child have been still more superior? The work was both experimental and statistical, the latter phase of it involving comparisons between carefully selected groups. The material was obtained at Public School No. 64, Manhattan, and from the Manhattan Eye, Ear, and Throat Hospital, and consisted of boys between the ages of six and fourteen. Binet's test as revised by Terman and Healy's picture-completion test No. II were utilized; the number of children tested both in the control and operative divisions was sufficiently large to justify conclusions, and all cases were followed for a year, being reëxamined at the sixth and the twelfth month.

The height-weight-age relationship, which constitutes a concrete index of physical well-being, showed no very reliable gain at the end of the first period, but a consistent improvement appeared after a year had elapsed. The controls had a slight relative advantage in grip strength over the "operatives". The speed of tapping was markedly increased. Performance of the Healy puzzle was not improved and there was no rise in the I. Q. Statistically, a group of 236 children with diseased tonsils showed the same distribution of I. Q.'s as a group of 294 children who were normal in this respect.

"We can say to physicians, then, with a fair amount of assurance", the author concludes, "that removal of adenoids and tonsils will probably not raise to any great degree the intelligence level of the mentally defective child who is brought to him. We can say to students of the constancy of the I. Q. that it is not greatly lowered by adenoids and diseased tonsils, and we may say to the clinical psychologist that these defects have no demonstrable effect upon general intelligence, whatever effects they may have on volitional and emotional normality—the two elements which, along with intelligence, are necessary for the maintenance of the individual as an instrument of social efficiency."

The conclusions are well within the premises of the study. However, the reviewer feels justified in emphasizing the point that these premises must be thought of as strictly limited. The author is to be commended for an exhibition of the kind of pure curiosity that deserves to be designated as scientific, and her contribution merits attention as a labor in experimental psychology, but it would be unfortunate if it in any way led to the inference that nothing worth while is accomplished when infected tonsils and adenoids are removed. However, it was probably not her intention to propagate such an erroneous notion and undoubtedly she realizes that this simple operation, when indicated, is immensely important and valuable to the future development of the child, even though the gain may not be measured by the restricted methods of experimental psychology or expressed in terms of an I. Q.

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HEALTH EDUCATION AND THE NUTRITION CLASS. By Jean Lee Hunt, Buford J. Johnson, and Edith M. Lincoln. New York: E. P. Dutton and Company, 1921. 281 p.

This book is a summary of the work done and the conclusions reached by a group of workers conducting a nutrition class under private auspices at Public School 64 in New York.

It should be read by every group that is planning a nutrition class, for the problem is considered from more points of view than in any other publication we have seen so far. The conclusions reached are justly based partly on induction from the experiment, but the experiment itself seems to have opened as many questions as it settled. The value of the book lies in the fact that its authors are willing to have questions opened and left unsettled if need be, for the present, instead of confining themselves merely to what can be actually proved from their work. They do not, as so many experimenters do, consider their data sufficient to settle certain important questions for all time. They are not dogmatic about the methods or the results of nutrition classes. Their open-mindedness is refreshing in this field. Furthermore, their broadness in considering so many aspects of their problem leads us to look with great hope to the possibility of nutrition classes conducted from a similar point of view—the point of view, that is, that such a class is an integral part of educational procedure and preventive medicine, not merely a corrective clinic conducted in a school.

The chapter on mental measurements is interesting, but inconclusive. The wisdom of using direct questions to bring out symptoms of emotional instability, we doubt. These matters are probably better handled by investigations that do not involve direct answers by the child patient to such questions as:

"Does it make you uneasy to go into a tunnel?"

"Does it make you uneasy to have to cross a wide street or open square?"

"Are you afraid of the dark?"

"Can you stand the sight of blood?"

"Do you wake up frightened in the middle of the night?"

"Have you any unusual fears?"

The authors were not responsible for the questions, which were developed from Woodworth's list, intended for use with adults. The objections to such questions are, in the first place, that categorical replies might not be correct replies, and, in the second place, might they not suggest to an emotionally unstable child, or even a normal child, a large number of new ways of reacting unfavorably? About forty such questions were asked. The replies indicate that the malnourished child shows an increased, but not an exaggerated response to emotional stimuli.

The concluding chapters, *A Program of Research* and *An Educational Program,* are particularly valuable.

The aim of the work is succinctly stated in the first chapter and restated at the close to be "primarily the enrichment of general educational procedure rather than the development of special provisions for children needing particular care". "The health program of the school, if it is to be developed in accordance with educational conceptions of the present day, must conform to the general thesis that the child's environment shall afford the conditions for certain necessary *experiences,* and that his intelligent coöperation with regard to these experiences must be secured; it must give to the school and to the individual child within the school a *creative attitude* toward the problem of health; it must function appreciably in *better habits* of health and in better individual well-being." The reviewer is responsible for the italics, which are used to bring out more clearly still the far-reaching aim of this important piece of research.

FLORENCE MEREDITH.

Woman's Medical College of Pennsylvania.

MARRIAGE AND EFFICIENCY. By Carl Ramus, M.D. New York: G. P. Putnam's Sons, 1922. 239 p.

This book is a mixture of commonplaces on the subject of "manners in marriage" and sound and unsound theorizing on reasons for the failure of marriage. The author justly emphasizes selfishness and economic and social conditions among these causes. But it seems odd to find the Brahman philosophy of karma and reincarnation dragged into our Western civilization to support our biologically well-founded theories regarding the marriage of the unfit.

The author believes in love at first sight, and offers to account for it five hypotheses:

1. The coincidence of the meeting of the man and woman with one of the positive phases of the woman's sexual cycle. (At which time only she is "animated, radiant, magnetic, at her best", presenting signs as definite as the rose of Camille, the author says.)
2. A response evoked by mutual beauty or the possession by each of the fetishes that appeal to the other.
3. Sympathetic vibration, or the synchronous adjustment of both personalities, analogous to the responsive vibration of two tuning forks keyed to the same pitch. This may be due to
4. Mutual intuitive recognition of an old love tie from a former life. (The author asserts that "certain alleged revelations from former lives have apparently been corroborated by documentary evidence".)
5. Astronomical correspondences at their respective birth times. (The most frequent correspondences noted in cases of great and durable love, the author states, were interchanges of the positions of the Sun and the Moon at birth.)

The brief chapter on psychoanalysis is used to lead up to the conclusion that moral courage is the final solution of much married unhappiness. The chapter ends with this sentence: "Hence the constructive and limitless value of Truth, in its aspect of Frankness, in marriage as everywhere else." He refers to the unconscious as "what Eastern psychology regards as the Ego or Higher Self".

There is no bibliography, but references are made to *Les Vies Successives,* by A. DeRocha; *The Soul and the Stars,* by A. G. Trent; *Continence and Sexual Hygiene,* by a Hindu, Pramatha Nath Dey; the Good Book (presumably the Bible); and an Indian psychologist, Bhagavan Das. There are quotations from André Tridon, Edward Carpenter, Rupert Hughes, W. L. George, Ella Wheeler Wilcox, Theodore Roosevelt, and various writers of current fiction. The book closes with a quotation from Rabindranath Tagore.

The author lists nine headings in the chapter entitled *Permanent Incompatibilities,* of which Snoring is one, listed on a par with Religion, Interests, Caste (which he evidently finds present in our society), and Selfishness.

In the chapter *Chronic Irritation,* the author states: "A man may irritate a wife, say, by neglecting to have his trousers creased often enough. Indeed, I know of one case in which this neglect by the husband was found by analysis (!) to be the main factor in a neurosis in the wife."

In spite of the many ways in which marriage may be wrecked, the author sums up optimistically in these words: "What Man has done, Man can do. [He has just been citing the cases of Peter the Great and Robert Browning.] The Ideal is the main thing. If we hold to it steadily, we will eventually become the Ideal." What more can we want than that? Begin by ceasing to snore. This at least is a practical point, even though the Eastern philosophy is elusive.

FLORENCE MEREDITH.

Woman's Medical College of Pennsylvania.

AN INTRODUCTION TO THE PSYCHOLOGY OF EDUCATION. By James Drever. New York: Longmans, Green, and Company, 1922. 227 p.

This volume is the latest addition to the British *Modern Educator's Library*. James Drever is reader and lecturer in psychology in the University of Edinburgh, and also author of *Instinct in Man.* He finds that subsequent to "the profoundly significant work of McDougall", there have been "three distinct and important thought developments which have a direct and immediate bearing on the psychological aspects of education—those represented by Montessori, Freud, and the American behaviorists, respectively. Small wonder, then, that the psychology of education is in a chaotic state. If the present work succeeds in bringing some sort of order into the chaos, it will have fulfilled its main purpose."

By this criterion, Professor Drever's book may be judged favorably, for it is catholic and judicious in spirit and strives to fit the various viewpoints into a pragmatic ensemble. The very nature of the author's appointed task, however, has resulted in so much quotation, comment, and criticism that his volume has taken on an almost editorial and exegetical character. The author has given us the benefit of his own views, but chiefly incidentally to those of McDougall, Watson, Thorndike, James, Montessori, and Coué. Dewey's recent work is not considered.

We are afforded a wide survey of the field of educational psychology in eleven chapters, dealing with large subjects such as the rôle of the general tendencies, the dynamic of personality, mental training and discipline, and the social group. The treatment is general and academic. There is little reference to specific problems of educational procedure, or of school organization and administration. The discussions are so broad that by implication they apply to pre-school, primary, and university education; and they offer only scant suggestions in the field of concrete mental hygiene.

A book of this character, however useful it may be for general psychological orientation, serves to emphasize the need of more direct foundational studies of the development of human behavior.

Arnold Gesell.

Yale University.

The Psychology of Selling Life Insurance. By E. K. Strong, Jr. New York: Harper and Brothers, 1922. 489 p.

A recently published book dealing with the "flapper" problem has put no small share of the blame for this phenomenon upon the psychology of advertising and selling. For, says the writer, there have been put into the hands of the seller weapons for laying down a barrage of innumerable face powders, creams, tints, and lotions against which the impressionable young girl has no means of protecting herself. However, the applications of the growing knowledge of human nature and its control to the selling of goods are not all evil. Dr. Strong has applied it where its effects cannot help being beneficial. Life insurance, standardized as it has been under government regulation, renders a genuine service to those who can be made to purchase it. Against an investment in life insurance a fair proportion of the population has set up a strong resistance. This is due in part, no doubt, to the dire consequences that any return upon the money spent seems to entail upon the purchaser, and in part to the traditional methods of the life-insurance salesman. But now psychology gives to the life underwriter "principles and suggestions which will assist him not only to make a man feel the need of life insurance, but to bring about in him a mental state such that he will actually accept the service which insurance renders".

This book applies the age-old prescription for the control of men: "Know thyself." The conscious motives and hidden driving forces of human character and the stimuli that will release them are explained and illustrated by case studies taken from insurance-selling experience. These are matters which the average man knows and understands little or not at all and whose importance he is with difficulty made to realize. Another prescription equally important follows the first—namely: "Put yourself in the other fellow's place", understand his motives, interests, and desires in terms of your own. These are basic psychological facts in the art of selling insurance. Only when they are thoroughly grasped can the salesman "appreciate the cause and effect relationship between what he says and does and what the prospect thinks and feels". They form the undercurrent of the book, which in other respects follows the customary classification of the stages of the selling process.

There is, first, the analysis of the prospect—a more thoroughly psychological analysis than the reviewer has seen in any other book on selling—to determine the impulses and convictions that he should have and the appeals that may be used to insure their presence. These appeals may be, according to the character of the prospect, to family affection, to pride, to the fighting instinct, to the mastery impulse, to the sexual motive, to rivalry, to the acquisitive tendency, or to one or more of the other springs of action in human nature. A campaign is laid out on the basis of these findings.

The tactics by which the campaign may be carried out are then presented in detail, with case studies illustrating the various stages—namely, securing the interview, gaining the interest and attention of the prospect, reorganizing the strategy to suit the unexpected and changing attitudes of the prospect, handling the objections that he may raise, securing conviction, and finally closing the sale.

The contents of the book are arranged in the form of thirty-one lessons, each followed by a set of problems based upon the text. It is, as this arrangement suggests, a book to be studied rather than read. In describing its purpose, the author says in his preface: "These principles could be described and applied in a few pages if the goal were merely an *understanding* of the subject. Just so the moves in the game of chess can be learned and the principles understood after an hour's explanation. But one cannot play chess merely by comprehending, and the salesman who would be successful must feel as well as understand. He must make the principles of selling a part of himself; they must come to be an integral, unconscious, and spontaneous component of all his thinking and acting. To bring this about he must spend much more time and effort upon their acquisition than is usually devoted to reading a book."

To the casual reader, therefore, the book is likely to be somewhat disappointing, but to the serious student of salesmanship, for whom it was written, it will give a valuable return for all the time that he may spend upon it.

A. T. POFFENBERGER.

Columbia University.

SOME WELL-KNOWN MENTAL TESTS EVALUATED AND COMPARED. By Dorothy Ruth Morgenthau. New York: *Archives of Psychology*, No. 52, May, 1922. 54 p.

In this study Dr. Morgenthau has undertaken a comparison of several psychological tests, giving a number of tests in parallel fashion, in order to determine the trustworthiness of each, and to discover, if possible, a group that might well furnish "a satisfactory schedule for testing and comparing the common elements of mentality in normal children''. She also hoped that such a group might prove of value as measures of capacity for success in various courses of vocational training.

The tests selected for the study were: the Healy A, the Healy B, the Knox moron tests, the Knox diamond-shaped frame, the Stanford-Binet, the Pintner non-language group test, the Thorndike Alpha 2 reading scale, the Porteus maze test, the Healy tapping test, Meyers mental measure, the Healy pictorial completion test No. II, the Healy-Bronner learning tests, and the cross-line test. The first four of these, Dr. Morgenthau found to be unreliable, the next five proved to be reliable, and the reliability of the remaining four was undetermined. As for their value, the author recommended that the Stanford-Binet test, the Pintner non-language test, the Thorndike Alpha 2 test, and the Porteus maze test be combined with the Meyers mental measure, the Healy pictorial completion test, and the Healy tapping test for individual case studies for psychologists.

In the selection of tests for her study, the author first considered a ''large number of tests available'', which she classified into groups, each group covering the same ground, and then one of each of these groups was selected for the comparative study. It is disappointing that she did not list the names of the tests that were included in the original number, and did not also show the method used in grouping them and in determining that they covered the same ground. The representative tests selected from each group, however, she chose on account of the time necessary to give them, the fact that they do not tend to confuse the measurement of special abilities in a net score, and their degree of variability. It would have been of value for a comparative study to have known just how the selected tests compared with the others in their group in respect to these three qualifications of time, measurement of distinct abilities, and variability.

The group of 100 normal individuals used by Dr. Morgenthau in her study ranged in age from seven years and one month to sixteen years and eleven months. The ages from twelve to fifteen were preferred, however, as children of these ages are more apt to present ''adjustment problems'' in school. With such a small number of individuals the normality of the group is an important issue. As measured by the Stanford-Binet test the intelligence quotients of these individuals ranged from 73 to 141. Sixty-three and three-tenths per cent of the group had intelligence quotients exceeding 100. In contradistinction to this apparent superiority of the group, only 35.4 per cent were in the ordinary grade for average school pupils of their respective ages, while 47.4 per cent were in lower grades. In a comparison of mental age and chronological age, only 25 per cent of the group showed a difference of less than one year, while 44.6 per cent of the group had a mental age of a year or more in excess of their chronological age. Moreover, only 15.3 per cent of the group were in a school grade corresponding to their respective mental ages, while 67.5 per cent were in grades below their mental ages. The question of whether or not these aspects of the group can be considered normal is not raised by the author.

The author's measure of the variability of the tests used in her comparative study was based upon the distribution of the raw scores, where the mean square deviation was secured. As a result, she found too great variability in the cases of the Healy pictorial completion test No. II, the Meyers mental measure, and the construction tests (the combined scores of the Healy A, Healy B, Knox moron, and diamond-shaped frame). The cross-line test was found to be too easy for her subjects, and was therefore disregarded.

The author did not find that the Pintner non-language group test and the Meyers mental measure correlated as high as she had expected. Tables are given to show the intercorrelations of separate tests with one another for both these group tests. The Pintner tests seemed to measure more limited factors, though, the tests seemed fairly independent of one another. "Disconcerting results" were also found in the intercorrelation of the four construction tests, which gave .16 for comparison of times and .08 for comparison of moves. As a result, the author concludes that "construction tests have no constant value for intelligence testing". The question whether or not these tests measured other abilities was not raised.

The reliability of the Healy-Bronner tests was not determined, as no alternate series could be secured. Neither was the Healy pictorial completion test No. II measured for its reliability, as the attitude of the subjects did not permit of its repetition.

The study of the correlations between the scores of the various tests and the Stanford-Binet mental ages showed that two group tests—Thorndike's reading test and Meyers mental measure—had the highest correlations with the mental ages of the individual Stanford-Binet test. The Healy tapping test correlated high with Binet mental ages, but not at all with the Binet I. Q.'s. The results of neither of the two group tests, however, were correlated with the Binet I. Q.

When the results of the separate tests were correlated with one another, the author found some of her highest correlations to exist between the Thorndike reading test, the Healy pictorial completion test No. II, and the Meyers mental measure. It seemed evident to the author, therefore, that the distinction between language and non-language tests was not an important one. As she did not have in her selected tests any other test as strictly verbal as the Thorndike reading test with which to compare it, the difference between language and non-language tests, which has been pointed out in later studies, was not apparent.

Because of the apparent similarities between the Porteus maze test, the Thorndike reading test, Meyers mental measure, and the Pintner non-language test, suggested by their high intercorrelations, the author felt that together they measured "planfulness". Accordingly she selected suitable questions from each of these tests and made a test for planfulness with a variety of materials, which gave a self-correlation of .763 and a correlation with Stanford-Binet of .537.

The choice of tests finally selected by the author as a schedule of tests for measuring the mental abilities of normal children has been mentioned above. Their correlations with the Stanford-Binet were high enough to seem to show that they were measuring the same general ability, but their correlations with one another were low enough to indicate that they measure different phases of this ability and so should all be used in a mental diagnosis. The author, therefore, concluded that such a schedule was more reliable than the Stanford-Binet test. She does not discuss questions as to what mental abilities are tested by this team of tests and how comprehensive these abilities are for a mental diagnosis.

RUTH S. CLARK.

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THE ACHIEVEMENT OF SUBNORMAL CHILDREN IN STANDARDIZED EDUCATIONAL TESTS. By J. E. W. Wallin. Oxford, O.: *Miami University Bulletin*, Series XX, No. 7, April, 1922. 97 p.

INDIVIDUAL DIFFERENCES AS AFFECTED BY PRACTICE. By Georgina S. Gates. New York: *Archives of Psychology*, No. 58, August, 1922. 74 p.

MOOD IN RELATION TO PERFORMANCE. By Elizabeth T. Sullivan. New York: *Archives of Psychology*, No. 53, May, 1922. 71 p.

Dr. Wallin's analysis of the achievement of subnormal children in standardized educational tests has been prepared in a painstaking and thorough manner, and will be of value to those engaged in psychological or educational work with subnormals and defectives. Its value is enhanced appreciably by the numerous and up-to-date references with which the author supplements his own discussions. The monograph contains interesting statistical data, but its most pertinent contribution lies in the treatment of such matters as institutionalization versus community placement of mental defectives, the psychological and pedagogical aspects of reading disabilities, and the like. Dr. Wallin's attitude toward these subjects is exceedingly well-balanced and thoughtful, and he has a distinctly modern viewpoint.

Altogether, his little book contains a great deal of material that might not be expected from the title, with its limiting connotations.

Dr. Georgina Gates has made a careful study of individual differences as affected by practice, and has arranged her findings in a particularly logical and clear-cut fashion. While her conclusions are not always final, they are suggestive, and should furnish an excellent point of departure for students who wish to make further researches along this line. Her experimental data are subjected to statistical treatment, and conclusions are formulated on the basis of the correlations thus derived. Dr. Gates is conscientious in pointing out possible sources of error in her study, and offers many suggestions for the improvement of the experimental procedure. Perhaps the two most interesting conclusions are that individual differences decrease with practice, and that initial ability has no positive correlation with later improvement.

Dr. Sullivan's *Mood in Relation to Performance* is to be criticized chiefly as to the manner of presentation. Although a detailed account of the experimental procedure is given, and many statistical tables are included, there is no general statement as to the conclusions reached. On page 46 there is, to be sure, the statement that "the relations observable in this arrangement of the data indicate a low degree of correlation between mood and performance", but nowhere does the author commit herself more definitely than this. However, one assumes that Dr. Sullivan finds little to indicate any direct correlation between mood and performance, so far as the tests utilized in her study are concerned. This certainly does not agree with the conclusions of other investigators in this field, who have utilized the method of individual case study rather than that of group statistics. Whether the disagreement is due to the difference of method employed, the use of different tests, or to a more fundamental factor involving a contrast between the effects of mere changes of mood and more marked affective disturbances, is an interesting question.

PHYLLIS BLANCHARD.

Mental Hygiene Clinic, Monmouth County (New Jersey) Organization for Social Service.

PSYCHOLOGICAL EXAMINATION OF COLLEGE STUDENTS. By F. Edith Carothers. New York: *Archives of Psychology,* No. 46, December, 1921. 82 p.

In spite of the amount of criticism constantly being hurled at the intelligence tests—or perhaps one should say because of it—interest in objective methods of measuring intelligence is increasing, and numerous tests are being devised all over the country. Tests for freshmen in colleges are becoming especially popular. The realization is growing that the usual college entrance examinations do not necessarily select the most promising pupils. A student's success or failure in such examinations depends a great deal upon the particular high school or preparatory school from which he comes, as well as upon the methods of instruction that have been employed by his teachers. It is quite conceivable that a student from a poor preparatory school might be a very capable person handicapped by poor instruction, and that after a short period of adjustment he might surpass many who were well prepared at a good school and made better grades on the entrance examinations, but who do not rank as high in innate ability. It is with some such thought as this in mind that the colleges are beginning to experiment with freshmen tests. They feel the need of some criterion other than grades in Latin or mathematics to decide whether or not a student is promising material for the college course.

Dr. Carothers' paper is a comprehensive statistical analysis of a group of nineteen tests given at Barnard College to two hundred freshmen during the years 1915–17 and the spring of 1919. The tests selected were single tests, each designed to measure some one ability. Many of them are now incorporated in various of the group tests used so extensively over the country. They included coördination, word naming, tapping, word memory, and other simple tests which "had been found to have a positive correlation with age, ability along some general line, or general intelligence". Later these nineteen tests were grouped into six groups on the basis of relationships shown to exist because of high positive correlations. These groups are as follows:

1. Motor tests
2. Tests involving powers of comprehension and perception
3. Tests involving associative relations
4. Tests that call into play powers of learning
5. Tests depending upon the subject's knowledge rather than on her innate ability
6. Miscellaneous tests (digit span and Knox cube).

The inter-test correlations ranged from +.77 to .00 and the correlations between the group of tests and combined college grades from +.14 to +.27.

So much for the results. But the important question to be answered is: "What good are these tests?" "What is the use of giving freshmen tests if their correlation with college ability is so low?" The aims outlined by the author are twofold: "to establish norms and standards of performance for Barnard freshmen, *and to give students a clear conception of their abilities and aptitudes along* *certain lines''*. In other words, the analysis was to yield both qualitative and quantitative results. Several cases are cited showing how the qualitative analysis of the tests tallied with what was generally known about the girl. These are suggestive in that they indicate how these results could be utilized to help a girl to understand her own limitations and abilities. Until recently the emphasis has been for the most part upon the purely quantitative results of the tests; the approach from the qualitative side is a fertile field for research.

The low correlations with college marks do not necessarily invalidate the tests. When one realizes how much instructors differ from one another in their methods of marking, how subjective, often, are their estimates of a student's ability, and into what broad classifications the students are divided (A, B, C, D, and E, at the most), one could hardly expect very high correlation. The author also points out that extra-curricular activities detract from the amount of time spent on a subject and often the classroom work is not an adequate measure of a student's ability along that particular line. The attempt at correlation here with teachers' marks suggests that a reform in the marking system is needed, so that more uniform results may be obtained.

Since this piece of work was undertaken, Thorndike has greatly improved upon the series of tests and at present the test given the freshmen at Columbia is much more difficult and takes three hours for its completion. The correlations are higher, and the results show that the tests are a valuable method of selecting college students.

The value of such a paper as the above lies in the fact that it points out the way to a careful analysis of results and shows the possibilities of a qualitative interpretation of freshmen tests.

SADIE MYERS SHELLOW.

Smith College Training School for Social Work.

PLOTS AND PERSONALITIES. By Edwin E. Slosson, Ph.D., and June E. Downey, Ph.D. New York: The Century Company, 1922. 238 p.

The publishers' blurb says ''this is assuredly one of the queerest books ever written''. They are right. The reviewer was taken in by it; that is to say, he had a quite different notion of it from the fact. But the book is undeniably unique. Written by a professor of psychology and a well-known scientist and literary editor, it shows the joints of their collaboration conspicuously. Each chapter is signed by the initials of its writer, and no special attempt is made at logical or symmetrical consistence. Their aim, in brief, is to discover the ingredients of fictional success and to devise ways and means of diagnosing its presence in aspiring litterateurs.

The typically British institution of the ''agony column'' in the London *Times* is the starting point of this quest. Dr. Slosson found these ''personals'' so fascinating that he invented the game of testing the creative imagination of himself and his friends by the situations they could elaborate from these meager and frequently cryptic messages passing between acquaintances through a medium which the whole world may read. In time, with the help of Dr. Downey, herself the originator of the ''will-profile'' and other methods of personality analysis, a sort of romanticized Binet test was evolved. It consists of incomplete ''literary syllogisms'', inviting conclusions that range from the crassly obvious to the fantastically imaginary solution, and graded accordingly on a scale of ten. Similar quantitative tests are cited utilizing ''dramatic'' and ''undramatic'' situations, or measuring traits upon which journalistic success may be predicted.

These objective methods, however, are not thoroughly worked out and do not occupy a central place in the book. The main chapters are devoted to a variety of suggestions on the raw material of literary imagination—the novelist's plots and characters, their attributes of name, raiment, and other adventitious circumstances, together with much bright and chatty inside gossip on the methods of the professional story writer. The animating idea is that all worth-while literary effort must spring from some sort of actual situation—a *Times* personal, any newspaper story, the faces one sees in the subway, the confessions of diaries, letters, and other self-revelations, the inner lives of the few persons whom any one, though he be the cleverest of ''mixers'', can know intimately. In short, all life offers a clinic from which the novelist, like the psychiatrist, can obtain grist for his mill. Dr. Downey has used much of this material in her own classes, developing a sort of seminar in literary psychology, in which each student contributed his quota to a collective story.

The most significant chapters, from the psychological standpoint, are those entitled *Character Creation* and *Plot-making as a Safety Valve,* both by Dr. Downey, spun out of a mildly Freudian interpretation of personality. She ''finds it convenient . . . to list certain action-patterns that center in the mental and physical functions that tend to preserve (1) the individual, (2) the species, and (3) the group''. This would probably provoke no serious quarrel with the majority of present-day thinkers in the border-line fields of social psychology. White, Paton, McDougall, and others have made very similar groupings. Within these patterns we continually strive for the fulfilment of the ego. And imagination follows involuntarily in their train, creating the means of satisfaction which it does not find in the realities of daily life. Certain type ways in which it manifests itself are described in some detail: (1) the imaginary companions of childhood; (2) the ideal of adolescence; (3) dual personalities. Quotations from student reports furnish data that would delight the soul of the analyst. There is the story of a boy's fantasy world, from the age of four to seventeen, peopled by imaginary warrior companions, localized somewhere in the solar system, and reflecting vividly the progress of the developing social being. The growth of the love-motif in adolescence, too, is in large measure the projection of ''wish-personalities'' upon the love object. Such self-dramatization may be put to literary uses, because of the multiplicity of conflicting personalities within even the most stable. Prince's classic ''dissociation'' is only the extreme form of character instability. This capacity of creative genius for expression of its myriad selves may have disadvantages of sensitivity and lack of equilibrium. Dr. Downey quotes:

> ''He who lives more lives than one
> More deaths than one must die.''

The upshot of it is that ''great literature is obviously the compensatory make-believe of a great mind. It has universal appeal because it voices a universal dream and suggests its fulfilment.'' *Vide* Lamb, Shelley, and other examples in which even the layman can see the compensatory trend.

The value of the book to the practical author is hard to gauge. It has been discounted in some of the literary journals, which view with alarm its tendency to reduce letters to a skeleton of mechanics. To them literary genius is an uncaused cause, dependent upon no newspaper captions or suchlike tricks. They have the professional's scorn of the spectator who dispenses advice on a trade he does not practice. Perhaps, however, the author would lose nothing and might gain much if he would seek from such work as Slosson's and Downey's a firmer understanding of the groundwork of his craft and of the motivation of his own character.

To the psychiatrist, unburdened by the itch to turn this material to literary account, the book offers suggestive mental fodder. Without claiming scientific profundity, it may well bring the reader a variety of new and profitable insights.

Kenneth Miller Gould.

American Public Health Association.

Sex Knowledge. By Norah March. New York: E. P. Dutton and Company, 1922. 104 p.

In this book the author has stated in simple language and in a straightforward manner the common physiological facts of sex, together with a few of the more conservative opinions that are held by psychiatrists at the present time. She describes the instincts of self-preservation and race-preservation in their major ramifications in personality development and in social relationship. These instincts she follows in the life of the child, showing some of the adjustments that are necessary as the primitive impulses that have belonged to the human race for so many years gradually become socialized. ''The instincts of hunger, of pugnacity, of flight, and so forth, constitute the self-preserving group of forces; the instinct of sex, and its associate, the parental instinct, constitute the race-preserving forces. It is with the study of the sex instinct and of the parental instinct that we are particularly concerned in this volume.'' In the chapter on the mystery of sex the usual comparisons with plant and animal life are made, and the various sublimations that may be utilized in the expression of the primary instincts are described.

In the chapter entitled *The Growth of Mind in Regard to Sex,* the mental development of the child is outlined and the auto-erotic, homosexual, and heterosexual levels are briefly described, while a later chapter is devoted to the child's physical development and to the general relationship between his growth and the ductless glands. The author then shows, by means of simple examples, the possibility, on the one hand, of the mind's affecting the physical condition and, on the other hand, of the physical condition's affecting the mind, and emphasizes the importance of both mental and physical factors in our lives.

Sex education is recommended in childhood, when the foundations of character are being laid, and the advantages of voluntary rather than compulsory control are discussed, brief consideration being given to the mental conflicts that may arise. Birth control is considered from various points of view and is sanctioned, the rights of the individual versus those of the community being weighed.

The fact that the discussion of all these subjects involves but one hundred and four pages will show how simply they have been approached. However, the book is well done, and while many of the readers of this journal will find little that is new or original in it, they will perhaps be glad to recommend it to those who need to know more of the physiological and emotional aspects of sex.

Edith R. Spaulding.

New York City.

Course of Instruction in Practical Nursing Procedure in the Training School for Nurses at St. Elizabeths Hospital. Washington: Government Printing Office, 1923. 71 p.

This thin volume of seventy-one pages gives in printed form material that is more often given through lectures or on mimeographed sheets to the pupil nurse or the candidate for an attendant's diploma. It has been carefully worked out and is quite as full and somewhat better arranged than similar material seen in certain excellent hospitals, though standard textbooks have done the same thing quite as well. The anonymous author calls the first thirty-three pages a ''preliminary course'', which is to be highly commended. This part is divided into twenty-three ''classes'', covering various matters from the admission of patients to procedure in cases of death.

''Advanced nursing procedures'' are divided into twelve subjects, arranged to include many categories, such as counterirritants, time required for sterilization with antiseptics of various strengths, and the like. An appendix in fine print is apparently for reference rather than for memorizing. There is a good index.

One might suggest that in the next edition some captions be enlarged, so that, for example, ''care of dining room'' would not be a subdivision of ''Bedsores,'' or ''alcohol'' of ''Bichloride of mercury.'' But such details do not detract from the solid usefulness of the book. One regrets that correlation of these matters with mental nursing has not been made more prominent. The volume is well printed and neatly bound.

Samuel W. Hamilton.

The National Committee for Mental Hygiene.

Practical Talks on the Care of Children. By Mary E. Bayley, R.N., with an introduction by Virgil P. Gibney, M.D. New York: E. P. Dutton and Company, 1922. 344 p.

The attempt to write a book depicting the ''safest and sanest types of physicians, nurses, and teachers in a manner so clear and concrete that the least experienced might find them practical'', is a worthy task, and notwithstanding the fact that this book is lacking in what might be termed a scientific trend, and that many of the statements made might well be questioned even by the inexperienced, it will undoubtedly achieve its purpose in carrying a message where it will do much good. There are several chapters that deal with habit formation, and the author shows more than ordinary interest in the mental life of the child.

In dealing with the subject of sleep, feeding, and elimination, Miss Bayley makes it clear that habit is of paramount importance in initiating the proper physiological stimuli necessary to the health of the child.

Chapters thirty-eight, thirty-nine, and forty have to do almost entirely with the mental reactions of the child's life, and under the heading *Fears in Childhood,* there are some very excellent examples of phobias that had their origin in rather commonplace situations to which undue emotion had been attached in early life. The author also lays stress on the ''mental prophylaxis'' necessary to prevent the ''fear psychoses''. Miss Bayley is perhaps a bit optimistic when she states that ''unless these fears and phobias have been overcome, they can only be dispersed by the resources of the good neurologist''—that is, that they are entirely curable by modern psychotherapy.

Quite aptly Miss Bayley says—and undoubtedly it is true—that ''much often attributed to inheritance is the result of environment''. She leaves no doubt in the mind of the reader that the oversolicitous parent who injudiciously indulges the child in excessive petting, and the cold, forbidding parent who denies the child the natural outlet for his affections and emotions, are both making their contribution to a personality that is very apt to be twisted and warped.

The chapter on the child's activity may be summed up in the author's own words, ''Do not attempt to crush it—cultivate it.''

The book will be found most interesting and profitable to the mother and the nurse. There is little to recommend it, however, to the educator or the social worker.

Douglas A. Thom.

Children's Habit Clinic, Boston.

The Education of Behavior. By I. B. Saxby. London: University of London Press, Ltd., 1921. 248 p.

The purpose of this small, but pithy volume is stated by the author as ''an attempt to bring our present knowledge of psychology to bear on the problems of behavior which have to be faced by those who are in charge of boys and girls during their adolescence''. While frankly intended for the beginner, and written in a non-technical style so that it may appeal ''to parents as well as to foremen and social workers who are interested in the welfare of adolescents'', it is a stimulating, dynamic treatment of its subject, and many workers in the field of education, psychology, and psychopathology might profit by reading it. We recommend it heartily.

Although the author is frankly a follower of the McDougall school and takes much of his psychological material from McDougall, yet he very wholesomely attempts to keep the material closer to observable behavior, and to restrain the tendency to multiply the number of sentiments, which may so easily be taken as rigid concepts. Although he is insistent upon experimental methods, it is surprising to find all recent American experimental work ignored, even in the bibliography. "Introspectionism" seems to be the only known experimental method.

The whole concept of "instincts" is eliminated, and although it is practically replaced by another with the same meaning, still this seems to the reviewer to be a very valuable departure. The concept of "instinct" presupposes too much in the way of innate automatically unfolding, complicated reaction patterns to be true either to the experimental facts or to a healthy attitude toward their correction.

The Freudian principles and their use are treated in a commonsense, practical manner that could neither offend the sensitive nor attract the curious. This has been done by ignoring, for the most part, the sex components of hidden ("complex") material and stressing the non-sexual aspects, such as "authority fears". Emphasis is laid upon the importance of regarding the individual as a dynamic resultant of forces, with the need and the urge to express his energies. Much consideration is given to the ways in which this energy may be turned into constructive channels, and the author stresses the educational unwholesomeness of allowing it to seek a "chance" outlet or to be repressed and thus dammed up for possible unhealthy outlets.

The reviewer is pleased with the author's plea that the child be allowed to learn by direct experience with mistakes and pain. There seems to be too much attempt at present to save the child all hard knocks, with the result that he often reaches adult life with no adequate organization for the handling of difficulties. The author, therefore, urges a wholesome graded manipulation of the environment for the purpose of building up in the child such an organization. He urges the inculcation of an ideal that is, unfortunately, all too lacking in modern thought—the child, he says, should be taught "to act in a way that seems to him right". A system of praise and blame, or punishments and rewards, he holds as less than ideally desirable.

One is a little disappointed that the author has not seen fit to treat the sex difficulties of the adolescent in a manner perhaps no less brief, but somewhat more open. It is probable that the average student without knowledge of psychopathology will fail to understand the veiled allusions. On the other hand, the author realizes clearly the difficulties of the adolescent and shows a nice understanding of the mechanism of maladjustment and withdrawal. His insistence upon active, intelligent interference is excellent.

One can get a good idea of the spirit of the volume from one of the conclusions: "It is true that the possibilities of each individual are limited by his inborn powers and tendencies; but character is the product of so many forces that it is safe to assert that every child with normal intelligence and stability has within him the material out of which a useful member of society could be fashioned in a suitable environment.''

LESLIE B. HOHMAN.

Phipps Psychiatric Institute, Baltimore.

HINTS TO PROBATIONER NURSES IN MENTAL HOSPITALS, WITH A BRIEF INTRODUCTION TO PSYCHOLOGY. By Richard Eager. London: H. K. Lewis and Company, Ltd., 1922. 80 p.

This is a book that could be used to advantage in the training of *attendants,* but would hardly be suitable for use in the more elaborate training of nurses. The author takes up in detail the precautions to be observed in respect to the safety of patients. One likes to feel, however, that mental nursing has progressed a bit beyond the necessity for such instructions as ''Never strike a patient'', ''Never tackle an excited patient single-handed.''

In the last half of the book, under the heading *Psychology,* the author discusses the various mental processes in a clear and easily understood manner that should be of great help to the beginner in the observation of symptoms and in the management of behavior.

ADELE S. POSTON.

New York City.

ADVANCED SUGGESTION (NEUROINDUCTION). By Haydn Brown. Second edition. New York: William Wood and Company, 1922. 402 p.

It is difficult to discuss this book with patience or tolerance. Independent of any value or lack of it in the subject matter, the method of presentation is so wholly bad as to make it a worthless contribution to scientific psychotherapy.

About half of its pages are filled with sketchy case reports that have much the tone of patent-medicine testimonials. Nearly all the ills to which flesh is heir are listed as amenable to ''autoinduction''. The general discussion of psychology and psychopathology belongs to the Sunday supplement rather than in a work supposedly for the medical profession.

The author has taken the well-established phenomena of suggestion and buried them in a cumbersome psycho-physiological theory, made more obscure by an original terminology; conclusions are stated with no basis of proof; the literary style is that of an amateur. The whole work may be described as Couéism, with simplicity, modesty, and sense of humor omitted. The following quotations require no special comment:

"I am of the opinion that not many years will elapse before neuroinduction—as carried out properly by others—will have proved itself to be first in efficacy as a treatment for several disorders that have persistently baffled medical scientists heretofore, particularly diabetes, exophthalmic goiter, intestinal stasis, and insanity." (p. 387.)

"Neuroinduction is the first technique to contain a recognizable *automatic* total relaxation apart from natural sleep and hypnosis. Such a form of relaxation was never scientifically known or expressed before: the physiological fact and the rationale are new information." (p. 372.)

"What is the subconscious? I shall not give any of the definitions of former writers, for I disagree with them all; I must ask permission to give my own." (p. 276.)

"I must humbly enter my claim to be the first medical man who has succeeded in obtaining definite results of a curative nature in cases of organic disease and new growths by means of psychotherapy, while being able to explain the technique and rationale employed in a manner which could be readily understood and adopted by other scientists." (p. 226.)

With regard to the last topic, the author deplores the refusal of the *British Medical Journal* to publish a letter setting forth his claims, and states (p. 227): "I wrote again expressing astonishment that such an important communication should be crowded out."

Truly psychotherapy must at times join other sufferers in petitioning the Lord for deliverance from its friends!

MARTIN W. PECK.

Boston Psychopathic Hospital.

MEETING YOUR CHILD'S PROBLEMS. By Miriam Finn Scott. Boston: Little, Brown, and Company, 1922. 231 p.

Under the name of "The Child-Garden", Mrs. Scott has for a number of years been conducting a "habit clinic". The outgrowths of her venture in this field have been very evidently three: a strong conviction that children suffer unnecessarily because of bad management in the home; a firm belief that parents mismanage because they lack the necessary standards, knowledge, and technique; and a method for enlisting parents in a retraining process whose outcome is an intelligent remaking of the child's habits.

Comparatively few parents can betake themselves and their children to the New York Child-Garden for "diagnosis" and advice. Until habit clinics become general, most parents will have to depend upon the literature of a more enlightened parenthood for suggestions concerning the behavior problems of children. Does Mrs. Scott's book, *Meeting Your Child's Problems,* make it possible for parents better to understand their children and then to retrain wherever retraining is indicated? It does, in so far as a problem that calls for highly individualized treatment can be solved by the application of methods that have been found effective in other cases. The book consists of a discussion of the cases of some forty children, ranging in age from six months to twenty years. Of these some half dozen are of the positive kind—that is, the parents, and hence the children, are headed in the right directions; more than two dozen are cases that have been cured or are improving as a result of better management by the reëducated parents; two cases of doubtful prognosis are included.

But multiplicity of cases is only one asset of the book. Another is the variety of the material. We are told, for instance, how a six-months-old girl who was unusually active in general bodily movements was dressed without being antagonized; how a seven-months-old boy who at meal time evinced more visual and tactile interest than hunger for food was persuaded to eat. There are cases of children who lose their tempers, who are selfish, listless, fearful, who are laggards in some or all of their school work. There is an account of the beginning of a readjustment in an endocrine-gland case, a girl of seventeen; of the narrow escape of another girl of the same age from lying and stealing to happiness and success through horticulture. Whether the boy of fourteen who had been encouraged by his father to come out on top regardless of others, or the girl of twenty whose childish efforts at dancing had been overestimated and paraded by her mother, will achieve readjustments remains to be reported.

This richness of material is rendered more valuable by a discussion of the causes that operated to produce unhealthy behavior and of the measures by which healthier conduct was established.

Addressing parents as she is, the author does not make any comparison between the old and the new psychology, nor does she use the terms thereof to show that she is familiar with them. Her method consists of a use of concrete cases to illustrate how a technique based upon knowledge of child nature can modify conduct for the better.

In time books intended for such service will doubtless be indexed more adequately. Chapter headings are not sufficient. It is conceivable, for instance, that a baby's parents might put the book aside until their child is older, for the youngest children make their first appearance well past the middle of the book.

There is literary quality in the chapter heading *When Parents Are Vices;* indexing these "whens" would enhance the usefulness of the material. Marginal inserts would aid also. Parents are busy folk, and the growing demand that they shall act more wisely, and hence more efficiently, entitles them to the aid of the devices that have long been used to make textbooks more serviceable.

Alma L. Binzel.

University of Minnesota and Cornell University.

Child Training. By Angelo Patri. New York and London: D. Appleton and Company, 1922. 434 p.

In *Child Training,* Angelo Patri has written a practical psychology, using the case method. Each little tale he tells goes straight to the point and offers real help in time of similar need. One feels that he deals with real problems in real homes. His sympathy with and understanding of children of all ages may well gain the interest of any one who is concerned with the training of developing children.

The book is well planned. It is divided into nine main groups:

Part I—*The Child in the Home.*
Part II—*School: Child, Teacher, Parent.*
Part III—*Building the Child's Character.*
Part IV—*Moral Training.*
Part V—*Boys.*
Part VI—*Adolescence.*
Part VII—*Vacations.*
Part VIII—*Parents.*
Part IX—*The Child and His Country.*

Each group is divided into a number of short chapters consisting of two or three pages each. All sorts of subjects are treated in these chapters, which cover quite thoroughly the psychology of the developing child—his habits, his fears, his imagination, his morals and manners.

The book is written in the language of the people it tells about—the rough boy speaks roughly, the spoiled child whimpers, the cross mother scolds, the cheerful mother encourages, and the tone of the tale rings true. When Mr. Patri talks to his reader, he abounds in pithy sayings:

"A child who cannot have freedom for growth cannot grow."

"Manners . . . are the flowers of conduct, a slow, gentle growth."

"Telling the truth is hard for most of us."

"Try to cure one fault at a time."

"Children grow through love and care and patience."

Every mother would do well to have a copy of the book at hand. The encouragement one gets from reading it proves its usefulness.

Boston, Massachusetts. J. D. C.

PSYCHOLOGY; THE SCIENCE OF HUMAN BEHAVIOR. By Robert Chenault Givler. New York: Harper and Brothers, 1922. 382 p.

Here is a psychologist who knows how to write interestingly for those to whom his subject is new. The book is sufficiently scientific for school students and sufficiently popular to appeal to the casual reader.

Psychiatrists will be pleased that Dr. Givler has at least recognized some of the aspects of mental life that are not always discussed in such books, as, for example, dreams. He has not done full justice to this subject, to be sure, yet unless it were to be dealt with in detail, it is probably better to dismiss it as he has done with a few pages that are not particularly misleading.

In the final chapter, on mental hygiene, the author satisfies the modern scientific demand that body and mind be considered together, but does not sufficiently emphasize the fact that, given a certain type of physical constitution, behavior paths may yet vary widely, because of the conflicts set up by organ inferiority and the types of adjustment made. The omission in the book was probably deliberate, since the mind is here being discussed chiefly from the intellectual side. Throughout, other aspects of psychic life are suggested.

We found the volume a very readable and practical discussion of present-day psychology.

FLORENCE MEREDITH.

Woman's Medical College of Pennsylvania.

DEVELOPING MENTAL POWER. By George Malcolm Stratton. Boston: Houghton Mifflin Company, 1922. 77 p.

Dr. Stratton inquires whether the mind is a gymnasium or a tool chest, setting forth the rival claims of those who believe in general mental faculties and those who believe in special abilities. He shows that there is reason for both points of view—that there is some transfer of discipline, while some abilities are trainable only as such. He believes in accepting neither theory wholeheartedly. His alternative is given in the last pages of the book, where he likens the mind to a republic ''with its inhabitants becoming trained to artisan tasks, trained to build and enjoy parks and museums, theaters and sanctuaries; trained also to enter and to respect the massive halls of justice and law making and command''. He states that no symbol is adequate, but in the intervening pages he has shown what he means by a short discussion of the relation of mind and body, the instincts, the emotions, and the will.

The book is a most simple setting-forth of the qualities of the mind that the mental tests do not measure and that education often neglects. It would have been ten times as valuable had it been twice as long.

FLORENCE MEREDITH.

Woman's Medical College of Pennsylvania.

THE SECRET OF WOMAN. By Helen Jerome. New York: Boni and Liveright, 1923. 144 p.

The idea of this book was suggested to the author by her reading of Mencken's *In Defense of Woman* and Weininger's *Character and Sex.* She quotes liberally from these authors and also from W. L. George, Edward Carpenter, and Ellen Key.

She exhibits much affect in discussing her theme. It would almost appear that she has an axe to grind—that her glorification of woman is a rationalization, and her apparent scorn of men the reverse of the most profoundly ambivalent emotion. In spite of the title, the book does not tell "the secret", although the publishers have tried to help by including a portrait of the author.

The book is quite diverting, although we fancy no large body of representative women would endorse it as a textbook to put into the hands of men to guide them in dealing with women. The truth is that there is no secret of woman; there are secrets of women, but they do not appear in books, so labeled at all events.

There is, however, a good deal of sound physiology and psychology in the book.

FLORENCE MEREDITH.

Woman's Medical College of Pennsylvania.

NOTES AND COMMENTS

California

Two noteworthy bills were introduced in the 1923 legislature, one establishing two state psychopathic hospitals, to be located at San Francisco and Los Angeles, and the other simplifying court commitment of the insane and providing for emergency commitment and commitment for temporary care. Upon going to press, no word had been received in regard to the disposition of these two measures.

Minnesota

An institution to be known as the Psychopathic Department of the Minnesota General Hospital is established by Chapter 385, Laws of 1923. The law states that this institution is to be administered for the care, observation, study, and treatment of defective persons as defined in existing statutes, and such other persons as are afflicted or supposed to be afflicted with any other abnormal mental condition. It may conduct an out-patient-department service for the diagnosis, care, and treatment of cases less pronounced in type than those thought proper for hospital residence. It may conduct clinics, investigate conditions, and carry on educational work in regard to mental disease and mental hygiene in any part of the state. Persons addicted to drugs may be admitted to the institution. The Board of Regents of the University of Minnesota shall appoint a medical director and such other officers as are deemed necessary for conducting this new institution. The duties of the medical director are thus defined:

"The medical director shall supervise and direct the medical care and treatment of all patients in the psychopathic department; carry on and direct investigations into the nature, causes, and cure of abnormal mental conditions; ask for and be entitled to receive the coöperation of all experts in the employ of the university, such as physicians, surgeons, pathologists, psychologists, sociologists, and X-ray specialists; seek to bring about systematic coöperation between the psychopathic department and all state institutions under the jurisdiction of the board of control so far as these institutions may have in their custody defective persons or persons afflicted or supposed to be afflicted with any other abnormal mental condition; visit, from time to time, said institutions upon request of the respective superintendents thereof or upon request of the board of control; and may advise the medical officers of such institutions or the board of control or any court, on request, in subjects relating to abnormal mental conditions."

Persons may be committed to this institution in the same manner as to the other state institutions, and it is further designated as a place of temporary detention to which any probate judge may send defective persons for temporary care. This law contains provisions also for discharge and transfer. It carries an initial appropriation of $15,000.

Chapter 260, Laws of 1923, which gives the board of control additional power to exercise general supervision over feebleminded persons outside of institutions through the child-welfare boards of the several counties or other appropriate agencies designated by the board of control, contains the following noteworthy provision:

"Upon the request of the relatives or friends of any person alleged or found to be feebleminded, they may be permitted to take charge of such person; but in such case the state board of control may require and approve a bond for such relatives or friends, running to the state, in a penal sum of not less than five hundred nor more than five thousand dollars, conditioned that such feebleminded person shall be safely and adequately cared for and kept by the said relatives or friends and that they will indemnify and hold harmless the state and all political subdivisions, institutions, and agencies thereof, from expense of any nature arising or resulting from any act or misconduct of such feebleminded person committed while in their care."

Concurrent Resolution No. 14 memorializes the federal government to begin immediately the construction of a neuropsychiatric hospital at St. Cloud, Minnesota. The following quotations from the resolution contain information of interest:

"Whereas, the federal government has already allocated the sum of $1,225,000 for the purpose of building a neuropsychiatric hospital in the Tenth Rehabilitation District; and

"Whereas, the city of Saint Cloud has by popular subscription and otherwise raised a sum sufficient for the purchase of a site of 316 acres for such a purpose, such site having been duly accepted by the government; and

"Whereas, more than thirty-eight hundred (3,800) neuropsychiatric cases from the state of Minnesota alone, which number represents more than 63 per cent of all such cases in the Tenth Rehabilitation District, are now on file in the district office of the United States Veterans' Bureau; and

"Whereas, statistics show that such cases have increased and are still increasing at the alarming rate of over three hundred per month for the district; and

"Whereas, there is no government hospital especially built or equipped for such cases in the state of Minnesota, nor in any of the other three states of the Tenth Rehabilitation District,

"Therefore, be it resolved, by the Senate of the State of Minnesota, the House of Representatives concurring, that we do approve and indorse the building of such hospital and earnestly recommend and urge the immediate construction of such hospital at St. Cloud, Minnesota."

New York

The amendment to the education law, the text of which was printed in the April issue of MENTAL HYGIENE, was approved by the governor, May 21. This new law, by authorizing the payment from state funds of one-half the salary of each teacher of a special class, supplements the Lockwood Law enacted in 1917, which required the establishment of such classes in cities and union free-school districts where there were found to be ten or more children three or more years retarded.

The governor has approved the bond issue of $50,000,000 for the construction of new buildings at the state institutions, mentioned in the last number of MENTAL HYGIENE. The bond issue will, therefore, be submitted to the voters at the general election next November.

A concurrent resolution of the senate and assembly, which must also be submitted to the voters at the next general election, would amend the constitution of the state by providing for 20 civil departments in the state government. One is the department of mental hygiene, to which are given powers of visitation and inspection of all institutions caring for insane, epileptic, and feebleminded persons. Provision is also made for separate departments concerned with the correctional institutions and the charitable institutions.

Oregon

Special classes in the public schools for the instruction of "educationally exceptional children" are provided by Chapter 28, Laws of 1923. The term "educationally exceptional children" includes any child from six to seventeen years of age who is not receiving proper benefit from the ordinary instruction in the public schools, either because of exceptionally keen mental qualities or because of mental or physical handicap. This law provides for a department of research and guidance in every school district with a general population of 10,000 inhabitants. This department is to be under the supervision of a director who shall investigate and ascertain the outstanding abilities and talents of the children in the public schools in the district, and shall assist in the promotion and operation of educational methods and equipment to conserve and develop these abilities to their fullest extent. He shall make an enumeration of all exceptional children, report to the city superintendent of schools his findings, determine what special courses, classes, or instruction are required for the children so enumerated, and make his recommendations to the city superintendent of schools. The board of directors of such district are authorized to establish and maintain such special schools, courses, classes, or instruction as they may deem necessary for the proper instruction of such exceptional children and to require the attendance of such children.

A new sterilization law has been enacted in this state. It provides for a state board of eugenics, composed of the state board of health, and the superintendents of the two state hospitals for mental disease, of the state institution for the feebleminded, and of the state penitentiary. The state board of eugenics is to examine into the innate traits, the mental and physical condition, the personal records, and the family traits and histories of all persons reported by the superintendents to the board. The superintendents are required to report to the board quarterly all persons who are feebleminded, insane, epileptic, habitual criminals, moral degenerates, and sexual perverts, who are or are likely to become a menace to society. If in the judgment of the board, procreation would produce children having an inherited tendency to feeblemindedness, insanity, epilepsy, criminality, or degeneracy, or who would probably become a social menace or ward of the state, and there is no probability that the condition of such person will improve so as to avoid such consequences, then the board shall make an order embodying its conclusions and specify the type of sterilization to be performed.

The new law differs from the former one mainly in its provision for consent on the part of the person to be operated, and for trial in court in case consent has not been given. If the person does not consent, then at the end of twenty days' notice, a trial shall be had. The issue raised shall be whether the court shall affirm the findings of the board. Upon the request of either party, all questions of fact shall be tried by jury. This law allows the individual to select his own physician, provided such physician is in the judgment of the board of eugenics competent to perform such operation.

The National Conference of Social Work

The National Conference of Social Work held its Fiftieth Annual Meeting in Washington, D. C., May 16-23, 1923. The aims of the conference in this anniversary meeting were stated to be:

"To review the progress made during the past fifty years in the various fields of charities, corrections, and health.

"To measure the extent to which the ideals of social welfare, which have grown directly out of the study of these humanitarian agencies, have succeeded in affecting social conditions, constructively and on the preventive side.

"To determine how the ideals of social welfare, slowly evolved from long years of experience, may further permeate and influence the outstanding institutions of society and thereby reduce to a minimum the necessity for relief and for correction."

One day was devoted to each of the following subjects: health, industry, law and government, the church, the home, the school, and public opinion. "Mental Attitude and Intelligence as Social Health Factors" was the topic at one of the general sessions on the health day, the following papers being read: *Delinquency and the Ex-Soldier,* by W. F. Lorenz, Director, Wisconsin Psychiatric Institute, Madison, Wisconsin; *Significance of Intelligence in the Conservation of Health,* by Robert M. Yerkes, Ph.D., of the National Research Council; *Mental Attitude as a Social Factor,* by Frankwood E. Williams, M.D., Medical Director, The National Committee for Mental Hygiene; and *Unconscious Motives Determining Social Attitudes,* by William A. White, M.D., Superintendent, St. Elizabeths Hospital, Washington, D. C. Other papers of mental-hygiene interest were read at several of the group sessions, including *The School and Its Relation to the Mental Health of the Average Child,* by Jessie Taft, Ph.D., Director, Department of Child Study, Children's Aid Society of Pennsylvania; *School Provision for Gifted Children in the United States,* by Guy Montrose Whipple, Ph.D., Professor of Experimental Education, School of Education, University of Michigan; *The Schools and the Slow-Learning Child,* by Elizabeth L. Woods, Ph.D., Director, Division of Special Education, Department of Public Instruction, State of Wisconsin; *Special Class Training vs. Institutional Care for Mentally Defective Children,* by Francis N. Maxfield, Ph.D., Director, Bureau of Special Education, Pennsylvania State Department of Public Instruction; *The Problem of the Psychopathic Child,* by Bernard Glueck, M.D., Director, Bureau of Children's Guidance, New York City; and *A Speech Correction Program for the Public Schools,* by Smiley Blanton, M.D., Associate Professor in Speech Hygiene, Department of Speech, University of Wisconsin.

The American Psychiatric Association

The Seventy-ninth Annual Meeting of the American Psychiatric Association was held at the Hotel Statler, Detroit, June 19-22. The sessions were devoted to the general subjects of hospital administration, histology, clinical psychiatry and therapy, forensic psychiatry, and the relationship between organic diseases and mental disorders.

It was the idea of the program committee that the round-table conferences might offer more chance for discussion if small groups met together rather than large groups as formerly. Conferences were therefore held simultaneously on the following subjects: clinical psychiatry, administration, histology, bio-chemistry, Veterans' Bureau problems, social psychiatry and psychology, and the mental hygiene of industry.

Among the speakers at the general session were Dr. V. V. Anderson, Dr. Clarence O. Cheney, Dr. Bernard Glueck, Dr. M. S. Gregory, Dr. S. W. Hamilton, Dr. I. G. Harris, Dr. M. B. Heyman, Dr. S. E. Jelliffe, Dr. H. N. Kerns, Dr. W. F. Lorenz, Dr. Abraham Myerson, Horatio M. Pollock, Dr. George K. Pratt, Dr. H. D. Singer, Dr. D. A. Thom, and Dr. William A. White.

Dr. Thomas W. Salmon was elected president of the association for the coming year; Dr. William A. White, vice-president; and Dr. C. Floyd Haviland, secretary.

American Association for the Study of the Feebleminded

The American Association for the Study of the Feebleminded held its Forty-seventh Annual Meeting at the Hotel Statler, Detroit, June 15-18. Among a number of interesting papers read were *The Clinical Organization of an Institution for Mental Defectives,* by Dr. Howard Potter, Director of Research, Letchworth Village, Thiells, New York; *Social Service of the State Institution for the Mental Defective,* by Dr. Thomas H. Haines, Director, Division on Mental Deficiency, The National Committee for Mental Hygiene; *The Parole of the Feebleminded,* by Miss Mabel Matthews, Head Social Worker, Massachusetts School for Feebleminded, Waverley, Massachusetts; *Mental Defects as Seen in the Criminal Courts,* by Dr. A. L. Jacoby, Recorder's Court, Detroit, Michigan; and *Feeblemindedness and Behavior,* by Bernard Glueck, Director, Bureau of Children's Guidance, New York City.

The following officers were elected: Dr. W. E. Fernald, president; Dr. Groves B. Smith, vice-president; and Dr. Benjamin W. Baker, secretary.

The American Psychopathological Association

The Thirteenth Annual Meeting of the American Psychopathological Association was held in Boston, June 2, at the Boston Medical Library. The following papers were read: *Sex Pedagogy in the Light of Analytical Experience,* by Dr. C. P. Oberndorf; *Masturbation—Its Rôle in the Psychoneuroses,* by Dr. Adolph Stern; *The*

Sexual Development of the Child, by Dr. Gregory Stragnell; *Sex Problems and the Physician,* by Dr. A. A. Brill; *Work of the Committee on Scientific Study of Sex Problems,* by Dr. Thomas W. Salmon; *Some Advantages and Limitations of Scientific Sex Education,* by Dr. Edith R. Spaulding; *Type of Feeblemindedness—Organic and Functional,* by Dr. Lightner Witmer; *Awareness, Consciousness, Co-Consciousness and Animal Intelligence, from the Point of View of the Data of Abnormal Psychology,* by Dr. Morton Prince; and *Misconceptions Concerning Unconscious Mentation,* by Dr. Tom A. Williams.

Course in Psychiatric Social Work at Simmons College

The School of Social Work of Simmons College has opened a new department of psychiatric social work which will deal with that particular branch of social service that is concerned with human behavior, including the adjustment of persons suffering from mental disease or defect and the study of delinquency, crime, and all forms of abnormal or antisocial behavior.

The work, which will be under the direction of Dr. Karl M. Bowman, Chief Medical Officer of the Boston Psychopathic Hospital, will cover a period of two years. The first year will deal with the elements of human behavior, starting with the simple reactions of an automatic nature and tracing out the gradual development of more elaborate and complicated modes. Particular attention will be paid to the instincts and conditions as the driving forces of human behavior. During the second term, abnormal and unhealthy modes of behavior will be studied and an endeavor will be made to understand the mechanisms that result in faulty adaptation. The third term will be given up to a study of the causes and prevention of mental disease.

The second-year course will consist of a series of sixteen lectures describing the important clinical types of mental disorder and presenting cases, to be followed by thirty-two conference periods in which students will present their studies of cases for discussion and criticism.

Field work will be given at the Psychopathic Hospital and the Judge Baker Foundation.

Psychiatric Nurse Receives D. S. M.

Among those who recently received war decorations at the Town Hall, New York City, was Miss Adele S. Poston, to whom the Distinguished Service Medal was awarded for her services as chief nurse of Base Hospital 117, A. E. F. To Miss Poston belongs the credit for organizing the first unit of nursing personnel sent to France during the war to assist in the treatment of mental and nervous conditions among American troops. When Surgeon General Gorgas of the army called upon The National Committee for Mental Hygiene to mobilize the neuropsychiatric resources of the country, that organization recognized immediately that it had two important tasks to undertake. One was the commissioning of doctors who were specialists in mental and nervous diseases, the other was the recruiting of women trained for the highly specialized calling of mental nursing. It turned at once to Miss Poston, who was at that time Superintendent of Nurses at Bloomingdale Hospital, one of the leading institutions for mental diseases in the country, and commissioned her to take charge of the work. The superior type of personnel that Miss Poston so ably mobilized for the emergency contributed largely to the successful operation of the first hospital established in the American Expeditionary Forces for soldiers suffering from war neuroses. Her corps of experienced nurses formed the nuclei for units in several base and advanced hospitals for neuropsychiatric cases in France, and through her foresight and preparedness it was possible to meet more than one urgent need during a very critical period.

But it was as chief nurse of Base Hospital 117, as the first American "shell-shock" hospital was designated, that Miss Poston rendered her finest service. Possessing the rare combination of executive ability and professional skill, she was able to build up and maintain upon a high plane of efficiency and morale an organization of nurses that became an indispensable adjunct to the medical service. Probably the most important factor in her success was her ability to adapt her staff to military life and to meet adequately every demand for nursing service under the most difficult conditions. As chief nurse of a hospital through which were passed over three thousand cases of war neuroses, most of whom were cured and returned to duty, Miss Poston's work contributed directly to the conservation of man power at the front and indirectly to the sum total of A. E. F. successes. Not the least important result of her work, however, was its influence upon the general nursing profession, which learned to recognize the need of nursing for mental as well as physical diseases and has, since the war, given to the specialty of mental nursing a status cognate with that of medical and surgical nursing.

Placing the Problem Girl

The Vocational Adjustment Bureau for Girls, which has recently been organized in New York City, has undertaken the work of finding suitable employment for girls of from fourteen to twenty who present social or educational problems. According to the chairman of the bureau, Mrs. Blanche Ittleson, these girls may be roughly divided into four groups—the subnormal, the psychopathic, the delinquent, and the potential delinquent. Girls of the first group are easily recognized because of their obvious limitations. Individuals of the second group, on the other hand, are often not recognized as mentally abnormal, and instead of receiving the intelligent guidance and treatment their condition demands are often punished and abused for the trouble they make. The third group contains many girls who are the victims of heredity or environment and who, if given a fair chance, are sometimes able to overcome their difficulties. The fourth group consists of girls whose tendencies indicate that they are likely to become delinquent if not carefully handled.

Girls are sent to the bureau by social, educational, and philanthropic agencies. All of them are beyond school age and most of them have had jobs before coming to the bureau. These girls are rarely willing to go back to a business or trade school to equip themselves for a specialized job. The bureau's work, therefore, is hardly vocational guidance in the fullest sense of the term. It consists rather of guidance to the most suitable job that can be hoped for considering the girl's equipment and personality. For this it is necessary to have the girl's mental rating as well as her school and social history. When all possible information has been obtained, the bureau attempts to secure for the girl the kind of a job into which she will be most likely to fit. Often a girl is placed a number of times before she is satisfied or gives satisfaction; in any case, follow-up work is carried on for a long period of time. The whole procedure, as may be imagined, calls for unending patience, tact, and insight.

The bureau's records for the last eight months show that 38 per cent of its applicants did not reach the last year in school and that 65 per cent did not graduate. Fifty-six per cent had had no training at all, the other 44 per cent had had a little. It was found that the girls who had received commercial training did not continue in work of that kind for any length of time, and the feeling was that they had been urged to take such training by parents or advisors who did not realize how unfitted they were for it.

Up to the present time 14.7 per cent of the applicants have been placed in skilled jobs, including machine operating, filing, selling, millinery, dressmaking, typing, stenography, and telephone operating. The others were placed in unskilled jobs, such as packing, sewing, novelty work, clerical work, housework, stock work, labeling, pasting and sorting, and the like.

The bureau has undertaken the task of trying to find out whether such girls as those with which it deals can be trained to perform skilled machine jobs in industry, and for this purpose has created an industrial research committee. Under the direction of this committee, a trained worker has made an intensive survey of the underwear industry with special reference to subnormal girls.[1] The bureau believes that there are possibilities in this industry for its girls, but that this can be proved only by the method of trial and error. It will continue to do intensive research work in the industries that offer most opportunities to women and hopes that, as a result of such research, many of its girls can be trained for jobs never before considered available for them.

The bureau is more and more convinced that if it could get hold of its girls earlier, before they leave school, it would have an opportunity to equip them for much more satisfactory placement. With this end in view, it has appointed a committee on educational research, through which it is making an experiment in Public School No. 3—a school of 2,200 girls of 23 nationalities. The chairman of the committee, Dr. Ruth Clark, a psychologist, has made a report on each of these girls, including their intelligence quotients, and has been able to weed out the problem cases. These cases the bureau has put in charge of a visiting teacher, who acts as an intermediary between the principal of the school, Dr. Clark, and the girls, studying each individual's problem and planning how she may best benefit by what the school has to offer her. This teacher also directs each girl's social and recreational life as far as possible.

The problem girls in Public School No. 3 will be well known to the bureau, and by the time they are ready to learn a trade or go to work, it will be able to advise them and direct them with real understanding. It is hoped that this plan, or some similar plan, may be put into effect in every public school, so that the problem girls may be recognized early and that every effort may be made to develop them into self-supporting, self-respecting citizens.

A British Report on Sex Education

A recent issue of the *Journal of the American Medical Association* gives the following summary of a report presented to the minister of education by the National Birth-Rate Commission of Great Britain:

> "The intention of the commission was to deal with adolescents primarily, but the evidence submitted showed that peril exists from childhood onward. The investigation was pursued on a number of lines—physiologic, psychologic, educational, and sociological, with the ethical dominating throughout. The com-

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[1] For an account of this survey, see *A Study of the Underwear Industry with Special Reference to Opportunities for Subnormal Girls*, by Jean Douglas MacAlpine, Mental Hygiene, Vol. 7, pp. 70-101, January, 1923.

mission is convinced by the evidence heard that, however difficult and delicate is the task, sex education cannot, with due regard to the moral safety and welfare of youth, be shirked. The common assumption that education should be begun only on the approach of puberty was disproved by a great deal of evidence submitted. All the witnesses insisted that questions asked by children about their own origin should be answered as fully and frankly as the capacity of the child allows. While reticence must be observed as to sex relations, the old legends must not be repeated; the child must not be made to feel that he has asked a question that should not be asked; and even if told that the full answer can only be given later, he must have his curiosity about himself satisfied.

"It was generally agreed that it was impossible to fix on the age when such instruction need be given—the individuality, the development, and the environment of the child affect the time when curiosity in these matters is awakened. The desire for knowledge should not be anticipated by teaching gratuitously given, but should be honestly satisfied when it shows itself. Knowledge should be imparted gradually, and not come with the shock of surprise at puberty, when harm may be done by the more precise information which must then be given, if it has not been prepared for. Instructions should be given whenever curiosity appears, or when there is any indication that bad habits are being formed. There was not the same agreement among the witnesses as to the content of the sex instruction. But almost without exception they thought that some reticence must be maintained; that a beginning should be made with the fact of motherhood; then, that the relations of the sexes might be referred to in general terms, the ideal of marriage and parenthood being dwelt on. The commission agrees with the more reticent policy, while recognizing that a longer experience and a wider inquiry are necessary to decide what may or may not be imparted. It holds that it is a serious mistake to isolate sex instruction from moral education generally, for this gives it undue emphasis. Chastity should be treated as only one element of a good life. The motive of fear of the consequences of any abuse of the generative function should not be stimulated. Nor should chivalry be unduly stressed, as that may make the relations between the sexes artificial. Even when a bad habit is formed, it should not be treated with harshness. Human parenthood should not be isolated, but treated as part of the evolution of life. The teaching should be as wide and as objective as possible, to awaken an intellectual interest rather than to stimulate an emotional response. As the mental development is gradual, so must the instruction be adapted. As the girl's development is usually in advance of the boy's, the same instruction is not suitable for the two. The insufficiency of knowledge to secure virtue was recognized. Hence the instruction should be given in a proper atmosphere of personal relation between teacher and pupil. While the instruction should not be emotional, it can be fully effective only when there is affection.

"There was general agreement that the preparatory instruction as regards the facts of life, birth, and growth, in the biologic lessons, might be given to a class, yet the instruction to be given at puberty could be most suitably given only to a small group, and any personal warning should be given individually. When a child leaves home for school, a private warning of possible difficulty or danger should be given, and again at the end of school life there should be a frank talk of the perils in the new life to be begun. As to who should instruct, there was general agreement that the duty rests first of all with the parents, but no less general was the agreement that many parents are not competent to instruct, fail to realize their responsibility, or shirk it because of its delicacy. They are ready to throw the responsibility on to teachers. Even when the task falls on the teacher, the consent of the parents should be obtained and, as far as possible, their coöperation. The commission urges that teachers should be trained to impart the instruction. The danger to adolescence, especially in industrialism, when schools and other agencies lose their hold, is pointed out. The commission is convinced that to industrial hygiene must be added social hygiene, of which the chief aim must be the social protection of adolescence during the hours of leisure. Attention is called to the value of women police for the protection of children and adolescents. The protection of children from the age of two years was shown to be necessary. Among the measures recommended were supervision of parks, recreation grounds, and streets, better lighting of streets, school attendance at an early age (in view of bad housing conditions), supervision of play hours and provision of open spaces for recreation."

The Present Position of Psychotherapeutics

Editorial, *The Lancet*

The general interest aroused in the theory and practice of psychotherapy, partly as a sequel to the experiences of the late war, partly as the expression of a steady tendency, observable in other departments of medicine as well, towards a rational as opposed to a symptomatological therapeusis, shows no sign of abatement. Willing or no, the practitioner cannot escape a subject which is fastened on at intervals by editors of newspapers for topical if superficial discussion, which provides material for debate at societies not ostensibly scientific, which his patients themselves will bring to his attention should he essay an attitude of ignorance or indifference. In a matter of this kind it is desirable to preserve at least some semblance of perspective. Psychotherapeutic activity has never, in reality, been under any cloud for at least half a century. The opposition engendered by the pioneer work of James Braid—to mention but one name out of many that have adorned the record of a hundred years—has long since vanished; scientific research, coupled with successful clinical application, has in fact been abundantly manifest from the days of Charcot. Schools of psychotherapy have waxed and waned, no doubt, but the effect has been gradually, if imperceptibly, to leaven the lump of professional unconcern and agnosticism. Of the forward impetus provided by the labors of Janet, Freud, and Jung, there is no need to speak; it suffices to allude merely to new journals, new books, new societies and clubs, new hospital appointments, new medical-school tuition, to indicate in a sentence the gigantic strides made by a ''new'' psychological movement.

For good or ill, this ever-growing interest in the things of the mind, physiological and pathological, must be taken as a sign of the times. However violent in some quarters the resistance to Freudian doctrine, however unsatisfied the critical mind in respect of not a few of the pet contentions of the ''wild psychoanalyst'', however impatient the conservative physician of the broad-casting of psychological jargon and psychotherapeutic method among the laity, the situation now is such that the current can no longer be withstood; it may only be guided. Far beyond the strict limits of the medical profession the echoes of the blows struck at an academic and scholastic psychology are still reverberating; it is no exaggeration to say that there is scarcely a department of intellectual activity that has not felt the revivifying touch of a method of investigation based on the exploration of mental arcana hitherto more or less tacitly regarded as inaccessible. With such a rush of enthusiastic research by ardent apostles of a twentieth-century ''revival of letters'', it is little wonder that the coldly critical are brushed aside. The skeptic may justifiably point to the history of popular movements of the past, which have had their day and ceased to be. He may recount, to his own satisfaction, the story of ill-regulated and exploded ''psychotherapy'' as instanced by the enormous, though transient, success of Dr. Elisha Perkins' metallic tractors, of this and that quack of other years whose name was for the time enshrined in the honor of an ''-ism'', just as—so he will have it—we speak of ''Freudism'' to-day. But the analogy is valueless, or, rather, paradoxically, is capable of conveying an instructive lesson. Grotesque as has often enough been the particular means employed to influence the illiterate and gullible, no one can deny the actuality of many cures thus effected by irregular practitioners, whose only claim to distinction has frequently been an inborn genius for ascertaining what their public have been looking for. Not otherwise can we explain the furore attending both older and newer exhibitions of psychotherapeutic skill by some who have little insight into their own powers, who, indeed, may have been exercising them unconsciously. The one conclusion to be derived from the unbiased study of these popular nostrums and their advocates is that there has always been an immense amount of minor and probably also of major complaint relievable by mental technique. This is the lesson taught by the history of quackery and charlatanism, or, in other instances, of genuine psychotherapy blundering and masquerading under the guise of the latest novelty in panaceas. Human nature remains much the same, as do the ills to which flesh is heir; hence we cannot be surprised at the throng besieging the portals of the skilful lay practitioner of suggestion, for in this respect history is merely repeating itself. The medical profession, however, is sadly to blame in having persistently failed to take cognizance of the import of these sometimes startling successes; instead of looking askance at any variety of healing outside the pale, it should have seized on the principle of learning from the enemy and should have seen to it that the coming generation of medical men were instructed in the art of psychotherapy. Clearly he is best provided with therapeutic resource who is also equipped with a technical knowledge of disease and of ailment, and who can distinguish and diagnose ere application of mental methods is resorted to. For every reason, then, the curriculum of the future should and must include at least a modicum of psychotherapeutic theory and technique.

We are glad to note the discussion on this subject at the Medical Society of London, reported elsewhere in our present issue.[1] In respect of most of their audience, doubtless, the advocates of psychotherapy who took part were forcing an already open door; others, it may be, were somewhat chary of committing themselves to methods of which it may be considered the value is not yet proven. However justifiable this attitude of reserve, in certain respects, the general truth cannot possibly be assailed; ''Freudism'', suggestionism, hypnotism, are not the scientific fads of the hour; slowly but surely the basis on which their working is erected is being laid down, the mechanisms of the mind are being exposed, the influence of the mind over the body is being determined, and if exactitude is not quite attained, it is nevertheless within reach. ''The real physician is the one who cures'', it has been said; ''the observation which does not touch the art of healing is not that of a physician, it is that of a naturalist.'' Psychotherapy is open to large abuse, and has therefore been assiduously decried ever since it became an art; if it is to take the place it deserves among recognized methods of treatment, this will only be by its formal study and deliberate employment by the medical profession. The responsibility must be shouldered; else ailing humanity will turn, as often before, to the man who can cure, whatever his qualifications, and will desert those whose training and knowledgeableness should fit them best to minister to the mind diseased.

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[1] February 24, 1923.

A Letter from China

A letter recently received from Dr. Charles C. Selden, of the John G. Kerr Hospital for the Insane at Canton, gives an idea of some of the difficulties with which a mental hospital in China has to contend. Dr. Selden writes:

''We have had a trying year at this hospital. In normal times the five hundred patients which we have here from the government are paid for very faithfully. But last year, on account of the depreciation of the inflated paper money, we waited for seven months without accepting any of it. Finally the government paid it all up in silver excepting about one thousand dollars. But immediately after that came the rebellion here or rather the new revolution—a new provincial revolution comes every few years—and for three months we again had to get along without anything from the government. Now the money is being paid up gradually. With the two hundred private patients we have little trouble. The way we were able to get through was by temporarily diverting a gift from the United States for a new building, and using it to buy rice. But this condition of things—that is, the presence of armies—has sent the price of fuel and foodstuffs up in the air. Boats cannot get in from the other parts of the province to bring wood, and the soldiers turn robbers and steal the rice and anything they can get, because they cannot get their pay. Just now it is quieter, but we do not know what this afternoon may bring to light.''

Mental Deficiency in Tasmania

The parliament of Tasmania was the first to pass a mental-deficiency act relating to the care of the feebleminded in Australia. This act went into operation in March, 1921, and the Mental Deficiency Board was constituted. It consists of Dr. E. Sydney Morris, M.B., M.S., D.P.H., Director of Public Health, chairman *ex officio;* Dr. E. Morris Miller, M.A., Litt.D., Director of the State Psychological Clinic and Head of the Department of Psychology, University of Tasmania; Dr. E. A. McDonnell, L.R.C.P., Medical Superintendent of the Mental Diseases Hospital, New Norfolk; Mr. R. H. Crawford, Secretary and Chief Inspector, Department of Education; and Mr. J. A. Johnston, M.A., Principal, Teachers' College, and Lecturer in Education, University of Tasmania.

The State Psychological Clinic in Tasmania is the first to be established in Australia, and prior to his appointment as director, Dr. Morris Miller visited the United States. The data obtained by the clinic and the cases that come under review will be utilized by the departments of psychology and of education in the University of Tasmania. At the Teachers' College, Mr. H. T. Parker, Supervisor of Special Classes, is entrusted with the training of special-class teachers.

The school medical officers—Dr. E. T. Macgowan (Hobart), Dr. G. H. Hogg (Launceston), Dr. Ethel Hawkins (Southern District), and Dr. Mary Lane (Northern District)—are associated with the clinic as medical examiners. At present a survey of the schools is being carried out, and in each school district or city the respective school medical officers and the director of the clinic constitute the examining authority.

The examination of each child includes four main fields of inquiry—medical, social, pedagogical, and psychological—and the determination in every case is based upon a correlation of the results of the investigations made in all these fields of inquiry. Personal and family histories are also obtained. In the psychological examination, the Stanford and Burt revisions of the Binet-Simon tests are being used as exploratory tests, as well as the Porteus tests. In addition, each child above the imbecile class is put through a series of performance tests, such as the various tests used by Healy, the Pintner-Paterson performance tests, the Séguin form board, the Woodworth-Wells association tests, the Kraepelin addition test, the Kent-Rosanoff, and so forth. In special cases, where the medical examiner recommends a detailed psychiatric examination, this is carried out. In all doubtful cases diagnosis is deferred and reëxaminations are made at intervals.

In addition to the schools, surveys of boys' and girls' homes and training schools for delinquent and neglected children under the control of the Children of the State Department are being conducted. In this connection, Dr. E. Sydney Morris, Director of Public Health and formerly Medical Superintendent of the Mental Diseases Hospital, and Dr. W. Inglis Clark, government medical officer, coöperate with the director of the clinic as medical examiners. At the Deaf, Dumb, and Blind School, where there are special classes, the examining authority consists of Dr. E. A. Rogers, Hon. Neurologist, and Dr. Stoddart Barr, ear, nose, and throat specialist, acting in conjunction with the director of the clinic.

Owing to the present financial stringency, a separate institution for the feebleminded has not yet been established, but the New Town Infirmary, near Hobart, has been declared a government institution for defectives, where high-grade cases may be detained until more suitable accommodation is obtainable. The Children of the State Department holds in permanent custody any defectives now under its care, pending more satisfactory arrangements regarding their ultimate disposal. The clauses in the act relating to supervision and guardianship are being freely taken advantage of so that some form of legal control may be effected permitting, in necessary cases, an easy transfer to institutional care whenever it is available.

Opening of the Maudsley Hospital

The Maudsley Hospital, recently opened in London, is the first institution in Great Britain modeled on the lines of the neurological and psychiatric clinics of the continent and the United States, which are designed for the treatment and investigation of organic nervous diseases, neuroses, and incipient psychoses. The hospital was founded by the London County Council on the initiative of Dr. Henry Maudsley, who donated $150,000 for that purpose during his lifetime and left an additional $50,000 to the project in his will. Admission is voluntary, as the hospital is intended primarily for the treatment of early cases of mental trouble, before they have reached the certifiable stage. Opportunities will be afforded, however, for the diagnosis of cases in which special facilities are necessary and for the observation of cases of unusual scientific interest.

Besides an out-patient department, the hospital has 157 beds for inpatients. A favorable prognosis will be the principal factor considered in determining whether or not a patient is suitable for admission. Cases in which the prognosis is unfavorable will be admitted on account of difficulty of diagnosis or because they present features of unusual scientific interest. Among neuroses, types that will be considered suitable for admission are hysteria, neurasthenia, and anxiety and obsessional states; among psychoses, mild phases of the manic-depressive type and psychoses associated with any form of definite bodily disease, such as those connected with pregnancy and the puerperal period, with post-infective states, with syphilitic brain disease of the interstitial type, with alcoholism and other drug habits, and with endocrine disturbances. Most cases of organic nervous disease with mental symptoms will be considered sufficiently interesting to warrant admission regardless of prognosis. Among the types that will be considered unsuitable for admission, except for purposes of diagnosis or research, are simple congenital defect, epileptic deterioration, general paralysis, advanced dementia praecox, and most delusional states of more than one year's standing.

In connection with the hospital, a course of lectures leading to a diploma in psychological medicine will be given under the direction of Sir Frederick Mott.

The Hospital Library

The American Library Association has in hand the manuscript for a book on the hospital library, which will be published if a real demand for it is evidenced by advance orders. The book has been edited and in large part written by Edith Kathleen Jones, General Secretary of the Division of Public Libraries, Massachusetts Department of Education. Miss Jones was formerly librarian at McLean Hospital, Waverley, Massachusetts, and is now Chairman of the American Library Association's Committee on Hospital Libraries. She has probably given more thought to the development of practical library service in hospitals than any one else in the country.

The book includes chapters on the scope of hospital-library service, hospital-library organization and administration, the medical library, and service for the children's wards. It contains a list of over two thousand books adapted to the needs of hospital patients and nurses. There is also a selected list of magazines for the hospital. Practical advice is given as to what to do and what not to do in this highly specialized field. The book will be useful not only to hospital and library authorities, but to those who are responsible for libraries in other institutions both for adults and children.

It is estimated that the manuscript will make a book of about 224 pages, which will be issued in attractive form, cloth bound, and illustrated with photographs of hospital-library rooms, equipment, and activities. Readers who are interested in hospital-library work from any standpoint are asked to place advance orders and thus make possible the publication of the book. Further information may be obtained by writing to the American Library Association, 78 East Washington Street, Chicago.

PSYCHOLOGY AND PSYCHIATRY

"A psychiatric criticism of psychology that has had vogue is that the psychologist as an analyst has dissected the mind and metaphorically cut, mounted, and examined it through the microscope, but that he has devoted little or no attention to the interrelations and importances of the things the psychiatrist has seen and described. Because of this, psychology is said to have no value in psychiatry. I am quite willing to grant the validity of the conclusion, but I object to the argument. I am quite willing to admit at the same time and in the same sense that anatomy, histology, physiology, chemistry, physics, and bacteriology have no value in psychiatry. The analyses made in these scientific pursuits have only indirect values. The workers have not, and are not expected to have, direct interest in the advancement of psychiatry. It is the right of the psychiatrist to take what he will, or to have it adapted to his own use by another. But even though all of the facts may not be of equal value, and even though we may admit that the anatomical facts of a psychological kind are not equally valuable in the care of the mentally diseased, it is true that some of them must be known and understood. While the analogy is not to be followed out completely, it may be said that the psychiatric attitude towards analytic psychology is much the same as that of many drivers of automobiles towards their machines. A few obvious gross details are all they are willing to admit to be necessary for the running of a machine. The places where the feet must be placed, the hands and water and gas, are apparently all that are needed for the operation of the machine in health. It is when the car will not work that its behavior is described in terms of depression, dissociation, repression, egocentric reactions, regression, and the like. So far, so good, but more anatomical knowledge is needed before the car can be placed in running order. Its anatomy, as well as its physiology, must be partly understood. The reason for some of the common disabilities, such as flat tires and the like, may be learned from a casual anatomical examination, but in those cases in which the driver does not know the difference between the vacuum tank and the magneto, his ability to care for the machine is greatly reduced. When the engine coughs, spits, and stops, the symptoms point to inadequate food supply. But they may also be due to other physiological dissociations. If the psychiatric driver does not know more than that the machine has a kind of catatonic reaction, he may spend hours on a lonely road trying to locate and remedy the trouble. . . .

"Extreme enthusiasm for a cause and an excessive damnation of what is believed to be opposing that cause are characteristic of the fanatic and the reformer. During the past few years there has been an exaggeration of one aspect of psychopathology—psychoanalysis—which in certain quarters of psychiatry has produced a reaction against psychology and which in certain psychological quarters has produced a reaction against psychiatry. But this is the history of many scientific advances. To counteract the many forces advocating cults, it is important that both psychologists and psychiatrists study and keep in mind the mental epidemics, and recognizing their virulence and their usually short duration, take scientific hygienic measures to preserve their own mental health and stability. This will best be accomplished when there are more psychological psychiatrists and more psychiatric psychologists, as well as more real abnormal psychologists and more real psychopathologists.''—Shepherd Ivory Franz, in the *Psychological Review.*

Psychiatry and The Law

''Psychiatry still plays a disgraceful rôle in the so-called expert testimony, largely a prostitution of medical authority in the service of legal methods. Yet out of it all there has arisen the great usefulness of the psychiatrist in the juvenile and other courts. Here it is shown that if psychiatry is to help, it should be taken for granted that the person indicted on a charge should thereby become subject to a complete and unreserved study of all the facts, subject to cross-examination, to be sure, but before all accessible to complete and unreserved study. This would mean a substantial participation of law in the promotion of knowledge of facts and constructive activity, and a conception of indeterminate sentences not merely in the service of leniency, but in the service of the best protcetion of the public, and, if necessary, lasting detention of those who cannot be reformed, before they have had to do their worst. Whoever is clearly indicted for breaking the law of social compatibility should not merely invite a spirit of revenge, but should, through the indictment, surrender automatically to legalized authority endowed with the right and duty of an unlimited investigation of the facts as they are.''—Adolf Meyer, M.D., *A Psychiatric Milestone.*

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MENTAL HYGIENE

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THE RELATION OF THE SCHOOL TO THE MENTAL HEALTH OF THE AVERAGE CHILD*

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THERE has been a tendency to think of mental health or mental hygiene as something related primarily to subnormal, psychopathic, delinquent, or markedly peculiar individuals and to consider a mental-hygiene program in the schools pretty largely from the standpoint of a psychiatric service, with a visiting teacher, school counselor, or social worker to make the connection between child clinic, home, and school. That this is a valuable and necessary part of the mental-hygiene movement in the school system there is no doubt, but it does not for a moment constitute the real and essential relationship of the school to the mental health of all its children, which is something organic and involved in the very concept of education itself.

Perhaps the greatest contribution modern psychiatry, particularly the psychoanalytic school, has made is not so much the scientific understanding and treatment of mental disease as the insight it has given into the behavior of the ordinary human being. Likewise mental hygiene becomes most important to social progress when its relation to the normal individual is recognized and its positive, constructive program for improving the adjustment of even the tolerably well-adjusted is appreciated. A mental-health program that applies only to the markedly abnormal indicates a lack of comprehension of what mental health really means and the fundamental psychology that it implies.

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It is impossible and unnecessary to give here a detailed, consistent statement of the psychology underlying our generalizations about mental health, but perhaps one could summarize in an untechnical, common-sense fashion what are the fundamentals of mental health in any human being and from that vantage point consider its relation to the school.

Do we not think of mental health as practically identical with good adjustment? And by the well-adjusted person we mean an individual who is able to enter into personal relationships with sufficient ease and comfort to make them a source of growth and happiness and whose energy is free enough to find happy and effective expression in real work and objective interests. The individual who is not mature emotionally and cannot partake of group life and enter into adult relationships, or who is unable to make effective contact with reality, but puts most of his energy and attention on subjective conflicts, dreams, and wishes or auto-erotic satisfactions, is recognized as more or less poorly adjusted. He cannot get out of himself either in love life or in work life. He cannot free his attention and energy for objective uses and he finds it difficult to be personally happy or socially useful.

It is obvious that the person whom we call average may fall almost anywhere between two extreme limits, if only he manages to maintain himself in society. We accept him, no matter how unhappy or strained, no matter how peculiar, as long as he conforms sufficiently to keep afloat. Few individuals are so well adjusted that mental hygiene can be taken for granted in their lives. Under the label "average or normal" we can find in our schools children who are unhappy, timid, self-conscious, jealous, ill-tempered, solitary, given to daydreaming, moody, domineering, antagonistic, cruel—children in every possible state of unfortunate adjustment, but still tolerable to the group. Adjustment, however, is really a process, not a state, and never stays put. The child who is average to-day may be a problem to-morrow, depending upon the changes that are taking place in the interplay of organism and environment. Likewise the child who seems to be a problem turns normal before our very eyes under the magic of changed social stimuli. Personality is dynamic; it is a response, a growth, an ever-changing organization of forces that at best only approximates complete success of adjustment. From this point of view mental health is as much a need of the average child as physical health and must be just as consciously a part of our plan for his development.

Our question is, then, what part does the school take in the building up of the child's adjustment to life and what responsibility is involved as compared to the influence and responsibility of the home?

Psychiatrists all agree that the effect of the first four or five years of life is vitally determining. Some even go so far as to say that nothing counts after that time. The fundamental patterns are laid in the child's relations to father, mother, brother, and sister and those first all-important experiences in the family circle. It is in the home that the child gets his tendencies to extreme dependence, to infantile interests and behavior, which prevent his going out to people whose attitude to him is not that of his mother, or hamper him in his efforts to make a courageous, aggressive attack on his environment. It is here that the child becomes intensely aware of his failure to meet the expectation of one or both parents, here that he experiences jealousy and inferiority when ousted by the new baby or put at a disadvantage by the more able, attractive, or better loved brother or sister. It is here that he develops fear, lack of confidence in his ability to solve his own problems, or a deep sense of injustice and oppression from failure or misunderstanding. It is during these first few years that he hits upon the particular form of defense or compensatory mechanism through which he blindly tries to solve his problems and adjust as best he can to the painful stimuli which he is unable to understand and master consciously.

Without for a moment underestimating the importance of this early conditioning of behavior, we may still recognize the possibility of reconditioning and the fact that later experiences also alter personality and behavior and tend to reinforce or modify the early mechanisms. The school is the first adventure of the child into the real world, the first break from the family circle, the first experience in an impartial, impersonal atmosphere where he is judged on his own merits by a group of his peers. The school is, of course, not as fundamental as the home, but one can hardly overemphasize the crucial nature of its effect upon the child in this, his first standing alone. His failure to make the plunge bravely, his resistance to leaving the protection of the family, may be as determining at this point as the earlier habits which are of course responsible for the fact that this step is so difficult and so resisted. It is at this point that his resistances will either be reinforced to a much greater degree or materially lessened. It may even mark in extreme cases the fatal turning point in a life balanced delicately between regressive and aggressive tendencies.

For the success or failure of the child in his first attack on the larger social environment, the school and the primary teacher in particular are to a great extent responsible. For the mental health of the average child, it is absolutely necessary that teachers of children in kindergarten or primary class understand the critical nature of this experience in a child's life and deliberately try to control results so that no child is allowed to experience overwhelming failure, fear, shame, ridicule, or praise if it can be avoided, or permitted to stand out from the group in unwholesome ways either for punishment or reward.

Every child who enters school for the first time needs to get the feeling that he can maintain himself with a fair degree of success in the school environment. He must experience some sense of confidence and at-homeness if he is to develop normally. This will require considerable understanding and a great deal of skill on the part of the teacher, because much of the sense of failure or undue self-esteem comes from the reactions of other children and the rivalry and competition that are so easily set up.

Teaching, particularly in the elementary grades, is primarily the gradual adjustment of a group of individualists to one another and to the idea of playing and working together. Success in the imparting of information will depend largely upon how well this adjusting is done. In fact, the best teaching is impossible in any grade or with any group without some understanding of mental hygiene and the meaning of the child's attitudes, failures, successes, interest, or indifference, in terms of the earlier determining influences in his life and of the present effect of home life as well as school upon his behavior. John's failure in arithmetic, his favorite subject, may be due to laziness and it may be due to upset over the arrival of the new baby. Mary's indifference to geography may result from stupidity or from the fact that Sister Helen is particularly good in that subject and knows it. Henry's truancy may mean boredom or a violent dislike of the teacher or the presence of a stepmother and misunderstanding at home. Whether or not you are able to teach even the average child the routine subjects of the curriculum with moderate success depends more completely than the average teacher dreams upon his emotional adjustment to school, teacher, and classmates, and upon the relations existing between him and the various members of his family group.

Few teachers realize the determining influence, not only of the class routine and of other children, but even more of their own attitudes and personal adjustments, upon the child. If only one factor in a child's maladjustment at school can be changed, the attitude of the teacher will usually be found to be the most important and its alteration most immediately effective in bringing about improvement. In the teacher the child finds the parent, and if his relationship to his real parents is infantile or antagonistic or fearful, he will often tend to set up the same pattern with the teacher, perhaps taking out on her feelings that he has to restrain with his own father and mother. This means that the teacher has here not only the need for understanding the mechanism involved, but the opportunity for altering it. If the child can work out with an adult whom he respects a satisfactory and successful relationship, it is bound to affect favorably his entire adjustment. Not only does this demand tact and wisdom on the part of the teacher, it also requires a good personal adjustment. She must be free enough of her own complexes not to let them determine her reaction to the child. She must be kind, but not sentimental, friendly, but impersonal, not using the child to satisfy her own emotional needs or relieve her personal feelings, and above all she must be patient and always interested. The teacher who is interested in her children in an objective way and is able to give them a sense of freedom and self-confidence in her presence will be as potent a factor in improving mental health as any the school can contribute.

There are two obstacles at present to the development of an attitude in the teacher that would make for mental health in the child.

First, there is lack of knowledge and experience in the principles of mental hygiene. Normal schools are not teaching students how to interpret the irritating behavior of the bad boy or girl, nor are they making any attempt to apply mental hygiene to the personal problems of our future teacher. Unless the teacher gets for herself a vital psychology which she can apply, she has nothing with which to see below the surface, nothing to lead her beyond symptoms to causes except such unmeaning labels as liar, thief, truant, incorrigible, feebleminded, peculiar, and the like, all of which may relieve her feelings, but contribute nothing to the understanding of the situation or to the adjustment of the child.

The second obstacle is the inevitable conflict between the mental-hygiene interest and the teaching interest as it exists to-day in most public schools. According to our present policy, the attention of the teacher is supposed to be directed toward the teaching of certain subject matter to every child in the same way and within a limited time. The behavior of the child receives attention only when it interferes with what the teacher is struggling to accomplish and is naturally a source of extreme irritation which tends to provoke repressive discipline directed toward the immediate symptoms rather than interest in understanding and correcting the cause. Only the substitution of an interest in educating the child as a whole for the interest in teaching a subject to the child would permit a development of the mental-hygiene point of view in the teacher. If the teacher were allowed to think of education as primarily a matter of the child's growth and adjustment and concentrate on the process whereby he could most successfully develop in the school environment, his bad behavior would be a legitimate part of her job and as full of scientific interest as his good behavior. The chemist is not annoyed with a chemical for exploding in a certain situation; he merely seeks to understand it so that he may control it in the future. So, too, the teacher whose attention is on the process is not irritated with John because of his antagonistic attitude, but scientifically curious as to its basis and intent upon understanding and altering it.

Justification for the expense of such a revolutionary shift of emphasis and attention, requiring as it would smaller classes and more and better trained teachers, lies in the fact that without it teaching is bound to fail pretty completely in many cases and partially in many more because of uncorrected, misunderstood emotional maladjustments.

If the interest and proper mental attitude of the teacher could be taken for granted, with all that would thus be contributed to the advancement of a mental-hygiene program in the schools, there would still remain a connection between the school and the mental health of every child which is unique and which can be supplied by no other agency—not even the home, except in very limited ways.

According to the psychiatrist, next to the type of love and hate patterns which are laid down in the first social experiences of the child in the home, the most important factor in his sound development is the appearance and growth of sublimating interests. It makes no practical difference whether one conceives of these interests as being original or derived from suppressed, socially unacceptable primitive urges. The fact remains that they are essential for effective contacts with reality and that absence of such interests means regression to lower levels where less effort is required and satisfactions are obtained in auto-erotic, subjective, or antisocial ways. If the daydream is the symbol of evasion or withdrawal from reality, interest is the symbol of objective relationship with reality; it represents our most substantial hold on life. It is very hard to control the adjustment of human beings on the love side. Personal relationships, however fundamental, do not lend themselves to objective control easily, but the very essence of an interest is objectivity and the most natural field for its cultivation is the school.

It is obvious that by "interest" is meant not any subjective inner state, but rather an active, freeing expression of energy in definite, organized ways which lead ultimately to a practical control over some phase of the objective world. It is only through the development of actual controls, definite techniques for getting himself over successfully, that the child is able to free himself from the infantile dependence and subjective methods of control which he exercised over his family when crying or tantrums produced desired results with no related effort on his part.

The modern home, even the rarest and best, cannot fill this need for growth of interests completely, because of its limited activities and because of the lack of guidance by an adult who understands how to let the interest of the child accumulate body, persistence, richness, pattern, and technique. The home suggests interests; it seldom really cultivates them; and the interest that is only potential is likely to produce day-dreams or a sense of impotence, not concrete results.

There is another reason also why the school is or ought to be the most appropriate place for the development of objective contacts with a real world. At home everything the child does is the subject of personal praise or blame rather than impersonal criticism or appreciation of the product. It is usually not, "What a good boat!" but, "What a good boy to make such a fine boat!" The adoring parent can hardly keep from referring praise or blame back to the child or from contrasting the work of one child with that of another, to the disparagement of one or the other.

In the home atmosphere, where personal approval or disapproval counts so supremely and where the friction among brothers and sisters of different ages and dissimilar interests interferes constantly with the attainment of results, it is hard for the child to become entirely objective in the carrying out of his interests. The approval of loved ones or the discomfiture of rivals is too inevitably an important part of the end sought.

It is true that in the ordinary school to-day the same subjective appeal and motivation by competition, praise or blame, punishment or reward, still persist. With the commonly accepted idea of education and methods of teaching, no other way is possible. There is little in the individual mastery of so many facts in history, science, or geography, or in the memorizing of so many tables—except the superiority over other children which successful performance gives and the approval of parents and teachers—to utilize the instinctive drives or develop the natural curiosities into genuine interests. There is still less to give children the comfortable objective atmosphere, free from the strain of competition, with its resulting inferiorities and superiorities, which comes from working together on a common problem—a problem that is their own and whose solution has a value in itself for each child independent of his personal share in the process. This does not mean that the child gets no personal satisfaction from the success of his individual efforts, but emphasis is put where it belongs—on the object, the result, not on the qualities of the persons who take part in producing it. Criticism is impersonal because it is directed to failure of the work to attain the child's own end, and praise is of the successful solution, not of the successful child.

Transferring attention from personal achievement to objective results is almost impossible of attainment when the work of the school is such that it is pursued individually and independently by each child with competition as its chief motivation. Only when the child is one of a group working together to attain a common purpose can the balance of attention be kept away from the person and on the process and its outcome. The home is essentially a personal situation, and group endeavor is not easy to set up because of the variety in age and interest and capacity; also because of keen rivalry among brothers and sisters for the approval of the parents. But the school does offer in its very nature the possibility of a different development in which children of similar interests can submerge rivalry in a common end, the failure or success of which constitutes its own reward or punishment.

Freeing the energy of the child for objective uses, through group development of as many interests as possible, is in my opinion the school's primary obligation, and would in itself constitute corrective treatment for children seriously maladjusted as well as improving the adjustment of ordinary individuals. This cannot be done without the kind of change in the point of view and attitude of teachers that has previously been discussed, but it is also true that the teacher would be balked in the carrying out of her own new interest unless she were allowed to change the whole teaching method as well as the subject matter taught. Giving John a grip on real life through the organized expression and drive of some interest that is his own is not identical with teaching so much reading, writing, and arithmetic as it is done in most of our public schools to-day, nor does it mean the mere introduction of more hand work, although that alone is a great help to a certain group of children. It does involve, however, some thoroughgoing organic point of view like that of Dewey or Kilpatrick, which treats education as an experimental scientific process, demanding a constant reshaping of theory and reforming of practice from year to year.

An illustration will do more than anything I can formulate to indicate what is meant by teaching that of itself not only educates the intellect, but promotes better balance and adjustment of the emotions.

Carson College, an institution for the care and education of orphan girls, located in Flourtown, Pennsylvania, and directed by Miss Elsa Ueland, has developed an experimental school for its own children which covers the grammar grades. It conforms to public-school standards sufficiently to be able to enter children who are going to high school in the first year or second year. It also provides, in the same school, for children who are not suitable for high-school training, but who are in no sense below the dull-normal level. Various schemes have been tried for separating the classes into groups according to intelligence ratings, but such division, particularly among the older girls, was the cause of much unhappiness and sense of failure and humiliation. In so small and intimate a group—there are about 75 or 80 children altogether—it was impossible to prevent comparisons and derogatory labeling. From successful experiments in combining younger children of varying degrees of intelligence in one class, the school authorities came to the opinion that if older girls could be organized about a common project that would offer possibilities of functioning on many different levels, the feelings of inferiority and failure could be greatly reduced and the brighter girls could still do just as much as their ability permitted. The teacher who undertook this task had taught in our regular public-school system, and had, of her own experience, come to the point where she wished to abandon old methods. She had no special training to fit her for the task, and it was for her as much of a project as for the children. The class work was to center about a printing press and the development of real workmanship in printing. The children understood that they were working out an educational experiment, and entered with enthusiasm upon the activities that were to result in the final printing, illustrating, and binding of a book of their own making.

About the technique of printing and the writing of the book were organized history, geography, spelling, composition, word study, and the like. The children went to other teachers for arithmetic, science, music, and physical training.

The class consisted of ten or twelve girls from thirteen to sixteen years of age, with intelligence quotients ranging from 75 to 105. Several of the duller children had never done academic school work well and had been as badly adjusted as they were retarded. Two of them were well up to the average in ability, but had been serious behavior problems in school and at home and had, consequently, done poor school work. The rest were average, ordinary, well-adjusted children.

It is impossible here to indicate the richness and variety of material that was drawn into this printing project and how the children from the first worked at it as a common job. No one activity was deemed any more important or valuable than the rest. They were all after certain results, and got their joy and satisfaction from contributing to the process in any way, from cleaning the printing press to writing a chapter in the book. They accepted orders for all kinds of simple printing, and thus practiced for the book. They learned to make linoleum cuts to illustrate it, some of which were copied and some original designs. One girl insisted on doing a cut over five times before her desire for perfection was satisfied. Children who had never had any feeling for spelling, form, or accuracy, insisted upon meeting the standards of a workmanlike product. Printing for other people had to be accurate, and their book must have no errors that they could prevent. Into the book they put the story of their discoveries and experiences—all that they had learned about the printing press, the technique of printing, the history of its development, the jobs they had undertaken for other people, the words they had looked up, the accounts of their trips to paper mills, museums, and commercial printing plants. There was not a girl who did not succeed finally in writing something that was worthy of the book. The most stupid girl in the room, from the standpoint of former class work, was the best printer in the group. There was no one who did not find expression in some phase of the job, and no one who did not get something out of the general work of the class. Each one worked independently, and yet all worked together. Every one got credit for accomplishment, yet no one got a sense of purely *personal* failure or success.

The teacher says that there has never been any standing out of individuals in unpleasant ways, but an unbelievable absorption in what the class as a whole is doing. This, the most difficult heterogeneous class in the school, has developed into a smooth-running, interested, harmonious group. The schoolroom has the atmosphere of a busy, well-ordered workshop. Every one is doing something. Two girls are looking up reference material in history books; another is chewing her pencil in the concentrated effort of composition; several groups are setting the type; one is working on a linoleum cut; and the rest are getting ready to print an illustrated page in the book. There is quiet conversation and moving about, but no sense of disorder. The teacher is not in evidence, but is finally discovered in a corner working on some type on her own account. The class is organized for purposes of self-government and workshop management. Nothing is undertaken and nothing goes into the book without class discussion and agreement. There is a printing foreman and a class scribe who keeps the daily diary. Every one has some special function or responsibility, but new jobs as they arise are taken on by individuals who volunteer through interest. One girl has never wanted to do a cut, but has finally decided she is going to try at the next opportunity.

There is no doubting the realty of the poise, self-direction, and objectivity of the work that is going on in this classroom. The effect on the visitor is instantaneous and convincing. But what is not apparent, unless one knows the previous histories of the children, is the change that has taken place in certain individuals through this opportunity for objective expression in an impersonal group activity. The effect on the duller girls has been striking. They have actually learned to do things of which they have never before been capable in the way of ordinary reading, spelling, and composition, and the self-respect that they have found in successful functioning side by side with the girls who are destined for high school has had a marked effect on happiness and general behavior. It is noteworthy that this change extends to other classroom work which is not a part of the printing project and has even been felt in home adjustments.

Two or three girls who, although not seriously below the average in intelligence, had never seemed to be suitable candidates for high school, developed so surprisingly that high school is now taken for granted. The two girls whose behavior was the fundamental difficulty have been the most pointed illustrations of the possible contribution of education to mental health. In one case stealing, lying, absolute irresponsibility, and general looseness of attitude and behavior have given place to an organized, well-directed effort and results that show accuracy and workmanship. Other influences at home have undoubtedly contributed, but the fact remains that never before has any combination of influences been able to bring about an integration of this girl's personality. Her restoration to normality extends to other classes and to her home life. Stealing, as well as other bad habits, seems to have dropped out completely.

The second girl, able and attractive, but timid and inhibited to an unusual degree, had always been a problem because of obstinacy, temper spells, and absolute refusal to express herself verbally in class without a downright struggle. It is this girl who has been the printing foreman. She has developed an interest in the work, a quiet authority, and a self-confidence that have astonished the teachers who used to labor with her in her spells of resistance. Even a slight speech defect which added to her general sense of inferiority and made her unwilling to talk in class seems to have been improved, and her sense of responsibility for the work takes her over into verbal expression with very little of the old inhibition. Needless to say, this general experience has done much to reduce the irritability and tantrums.

No one at Carson College will claim that these adjustments are due entirely to the printing class and its rarely impersonal, objective teacher. They only know that somehow problems have been solved this year that they have worked on in vain before, and the center of these adjustments seems to be the new experiment with printing.

In this account of everyday children one can see that mental health depends upon getting impulses and intelligence at work on realities, objective situations, always with the understanding that objective situations are essentially social situations. The expression and organization of the energies of the child with reference to his home and family are, of course, of prime importance, and if they are misdirected, repressed, or overweighted, will make the school's task doubly hard, but the fact remains that it is in such cases that the school is the child's best hope of salvation. If the school offers no freeing process, no actual development of powers that will give the child at least some genuine contacts with and control over realities, what basis has he for any but a subjective or destructively objective growth?

The young child finds the expression of every interest fraught with difficulty; talking, eating, walking, running, throwing, catching, all are problems to be solved. Every creative idea or potential interest has to be materialized with effort, because of inexperience, lack of tools, habits, and even the requisite motor coördination. Just stop to realize how intense a child's desires are, how comparable to an adult's in strength, and how ridiculously ill equipped he is to realize them. You can see how necessary it is not to put obstacles in the way of those driving impulses, not to make reality any harder than it is, so that fictitious or subjective forms of satisfaction alone are available, but to assist them to acquire definite tools for getting expressed factually in as many directions as possible.

Children are full of desires to act on every kind of environmental situation. There is no limit to what their interests may include and never any one fixed, necessary form of expression. They can find creative outlets—a sense of successful activity, control, development, and joy—in manifold directions. It remains only for the educational process to provide the suitable environment, the material on which to work, and the guidance that prevents the acquiring of tools or technique from being an insuperable or over-discouraging obstacle. Children thus educated to an objective use of their powers have the best chance of acquiring the balance and control, the confidence and freedom, the capacity for dealing with the environment in terms of fact, which are fundamental to social adjustment and which, unless family relationships or early conditionings are unusually hampering, will make the defense mechanisms common to childhood less and less necessary.

The only practical and effective way to increase the mental health of a nation is through its school system. Homes are too inaccessible. The school has the time of the child and the power to do the job. It is for us who represent mental hygiene and its application through social case-work to help the school and the teacher to see their vital responsibility for an education that shall mean the personal adjustment of the individual through the activities of the group.

CADET PROBLEMS*

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IT has been suggested that a discussion of psychiatric problems at West Point, though they do not differ essentially from student problems met with at other colleges or universities, might be of interest in view of the rather frequent mental upsets encountered in a group of carefully selected adolescents, all in excellent physical health, living under conditions of ideal physical hygiene, but subjected alike to a very exacting military routine. Some idea of the relative incidence of nervous disorders may be gained from the statement that during the spring and winter months they are encountered second in frequency to acute respiratory diseases, while during the fall and summer seasons, they are outnumbered only by minor injuries incurred in outdoor athletics. Frank mental disease is uncommon; one psychosis a year is about the average, and during the last four years these have all been of the dementia-praecox type. With the exception of psychoneuroses and mild depressions, the problems are largely those of behavior—of acute reactions to the stress of the local situation.

For the benefit of those who are not acquainted with the Military Academy, it may be of interest to sketch briefly cadet life in order that we may have a background upon which to project our case material.

West Point is built upon physical training, discipline, and honor; upon this tripod rests a superstructure of academic instruction. Throughout the academic year the cadet's duties are so completely mapped out for him that there are few moments he may take for himself. And not only are these duties laid out in the minutest detail, but the hour and moment at which each duty shall be performed are also specified. There is a time for eating, a time for sleeping, a time for study, a time for recitation, a time for drill, and a time for exercise, and if any moments are left, a time for rest and reflection. The schedule moves with clocklike regularity, and the slightest deviation on the part of the individual from the prescribed order is met with appropriate penalty. The training in general is divided into two departments, military and academic, and the academic sections are so arranged (twelve men to a section) that each cadet is called upon to recite in every subject each day. The whole scheme is competitive, relative rank at graduation being based upon military and academic standing during the four years.

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The feature of which West Point is most proud is her honor system. This stands out above everything else. For more than one hundred and twenty years, the Military Academy has set an example for honor that every school in the country would do well to follow. No pledges are required; the code is simply handed down from class to class by word of mouth, and all matters of honor are handled by the cadets themselves.

Opportunity for diversion is found chiefly in outdoor athletics, which are compulsory, moving-picture shows held on Saturday nights, and carefully chaperoned weekly hops. With the exception of an occasional twenty-four-hour pass granted to members of the first (senior) class, and a ten-day Christmas vacation for the three upper classes, but one furlough (a twelve weeks' leave at the end of the second year) is allowed during the entire four years. Such a program affords little opportunity for contact with the outside world. Relations with the opposite sex are most carefully supervised; smoking, except in barracks, is taboo; and alcoholic indulgence means dismissal. The power that enforces these regulations is the code of honor of the Corps of Cadets. From the foregoing one may get some idea of the cloistered atmosphere at West Point.

How does the cadet react to such a system? Much depends, of course, upon what has gone before. The average stable lad, the one who has hitherto made good adjustments, will have the best that is in him brought out. The well-regulated life and the physical training mold him into a splendid, healthy animal, while the high standards of honor serve as an unfailing guide to character, for which the Military Academy is so justly famous.

There are in general three sources from which our material comes: first, there is the individual who has always been out of adjustment and who wanders into the Military Academy quite incidentally; then there is the boy who has never had serious difficulties, but who may have a latent nervous defect which will be brought out by the rigorous system of training; and finally there is the lad who has come to West Point in the hope of having some of his problems solved.

West Point has a reputation for making men, and it is just this reputation that attracts a large group of youngsters (larger, perhaps, than obtains at any civilian school) who have been made to feel that they fall short of this manly standard. ''If I can just go through the United States Military Academy'', we can hear one of these lads say, ''the whole world will have to admit that I am really a man after all.'' And most of this group really make excellent compensations. But if for any reason the compensation breaks, there is serious trouble ahead. It will not do for an individual of this type, having met disillusionment and rebuffs, to lapse into his former habit of withdrawing contact from his fellows. In the civilian school he may say to himself, ''I am not wrong, but the world is wrong. I am too good for these men.'' And he may retire to a little world of his own making. But the cadet must be a gregarious animal; there is perhaps no school in which the herd instinct makes such insistent demands.

From what has been said it will be obvious that West Point is a fertile field for incipient nervous disorders. No system can take a group of young men, dress them alike, teach them alike, drill them alike, and grind them through the same machine, without breaking a few of them. Fortunately conditions for observation and general supervision of cases could hardly be better. The medical department is the one flexible link in the military chain; the doctor is custodian of the keys that open the door to escape; the hospital is the safety valve. One does not have to go scouting about for evidence of strain; the schedule is so rigorous that the cadet is only too glad to consult the physician upon the slightest pretext, in the hope that he may be excused from drill or be admitted to the hospital for a few days' rest. And there is something very satisfying in working with these youngsters. They are unquestionably the cleanest, the most honorable, the best disciplined body of young men in the country. One does not find among them the backing and filling, the evasion, the resistance, so common in private or institutional practice. A cadet's statement is invariably true, and one can depend upon instructions as to treatment being carried out to the letter.

In describing cases, I shall attempt to bring out only the salient points, omitting all material of negative value.

Of the psychoneuroses, conversion hysteria is the least common, but three cases having occurred during the past four years. This checks up very well with our war experiences, from which we learned that hysteria was far commoner among the enlisted than among the officer personnel.

Cadet "B" was admitted to the hospital in an acute hysterical convulsion from which he was promptly relieved by a hypodermic of sterile water. Examination showed nothing except very well-marked signs of hypopituitarism, including a somewhat infantile facies, female-type pelvis, and an effeminate personality. Following the hysterical outbreak, he developed headaches, for which he was treated for two months unsuccessfully by psychotherapy and pituitary feeding. At length he was granted sick leave, from which he never returned. This boy appears to be one of those individuals to whom I have previously alluded—a lad striving for recognition of his manly qualities, the existence of which he had some reason to doubt because of his endocrine heritage. Doubtless his colleagues at West Point were not long in discovering that which he himself had long suspected, and in a moment of stress his compensation broke. The case of Cadet "B" is mentioned because it illustrates so well the inferiority mechanism which is probably at the bottom of more nervous and mental disorders among the cadets than any other single factor.

Cadet "C," a plebe, was brought to the hospital complaining of pain and blindness in the left eye. There was nothing of importance in the family or personal history, and physical and neurological examinations were entirely negative. When first seen, he had a bandage over his eye, and it was not without some difficulty that this was removed—the patient fearing the effect of light. The eyelids, which were in spasm, were forced apart and inspection revealed no evidence of inflammation or other abnormality.

''Well, Mr. 'C' '', I said to him, ''tell me how this trouble came on.''

''It came on this morning, very suddenly, sir. I was seated at the breakfast table and an upper classman tossed me a drinking glass. I missed the glass, sir, and it fell to the floor and broke; whereupon the table commandant said, 'Mr. ''C'', what's the matter with your eye?' Immediately I felt the pain in my eye and could not see.''

In this individual, the pain and blindness cleared up during a fifteen-minute interview in which it was explained to him how he had become ill. One might suspect malingering in a case of this sort, but from two years' observation of the boy since his illness, I am convinced of his honesty.

Under the heading of psychoneuroses, I have grouped all disorders characterized by symptoms for which no organic basis could be found. Though they are brought out by stress at any time during the academic year, they are most frequently met at examination season. Let us see what it means for a cadet to fail. Unlike the civilian college, a great deal of publicity attaches to an appointment to West Point. The appointee is the recipient of congratulations from all his friends and the propaganda is quickly taken up by the local newspapers. From the time of his appointment, the candidate becomes the representative of a proud community. A great deal is expected of this boy; he is burdened with a tremendous responsibility. One can visualize the talk and stir, the receptions and dinners given in his honor, the words of advice, and even the boy's final departure, accompanied to the train, perhaps, by the village band. How different his reception at West Point, where he is greeted by an upper classman with a ''Get your chest out, drag in your chin, suck up your guts, and say 'sir' when you address your superiors.'' To all of this bantering he can accustom himself during his year of plebedom, but when examination time comes, he may discover that his preliminary preparation in mathematics has been rather scanty, that French and English are not the easy subjects they were in high school. He feels himself slipping, but he cannot fail. What will they say at home? After all that has been expected of him, he simply cannot go back and face the music, an acknowledged failure. And so the storm clouds gather. When disaster looms ahead and ruin seems certain, refuge is sought at the hospital. And they come with all manner of symptoms. Time does not permit description of individual cases of this type; the same defense mechanism runs through them all. As an example of the affective tension in face of failure, I recall two occasions on which cadets consulted my opinion on a point of honor. The question raised in each case was whether or not it would be honorable for one to break one's leg in order to get into the hospital and thereby avoid being ''found'' for demerits. The cadet cannot accept academic failure, but physical failure is a different matter; it offers a way out that does not involve disgrace. With reactions of this sort, effort is made to get the individual to see that he is really only substituting one difficulty for another, and above all, to get him to face the situation squarely and upon the same level at which it arises.

As might be guessed, the monastic environment of West Point is highly conducive to frank sex problems. There is practically no opportunity for normal sex expression at West Point, and furlough comes but once in four years. A homosexual outlet must, of course, be considered, but one can only speculate as to the extent of homosexual practices; theoretically, perhaps, they should be commoner than at civilian colleges. However, I have never met a conscious homosexual problem among the cadets, and so far as known, such a situation has never come to light. A great many have found excellent sublimations for unconscious homosexual tendencies and the partially sublimated types undoubtedly make up a considerable number of the depressions and psychoneuroses.

Auto-erotism is the sex problem about which the physician is most frequently consulted, and with the exception of those cases in which it is a symptom of a more malignant disorder, there is no problem that is more easily or satisfactorily handled. All of these individuals are suffering from misinformation and fear, and treatment is simply a matter of removing the element of fear by a candid statement of the truth. During the past two years there have occurred three cases of this type who were well on the verge of suicide as the best means of escape. Nothing is more gratifying than to see the manner in which these youngsters respond; and it is rarely necessary to see one of them a second time.

A word or two might be said as to the general lines of treatment of the nervous disorders. We are not committed to any particular school of therapy; suggestion, persuasion, rest, reëducation, all have a place, while the inculcation of a more wholesome philosophy of life often meets the situation. As to psychoanalytic treatment, lack of time on the part of the cadets and lack of experience on the part of the physician forbid anything except a rather superficial study, but, fortunately enough, a superficial study is all that is required in a great many of the problems. I refer particularly to the acute situations arising incident to the stress of the military regimen—such, for example (though they are not all so simple) as the case of the boy who went blind after breaking the water glass.

Dismissal from the Academy for any cause is unquestionably a greater tragedy for the individual concerned than failure at a civilian college or university. A prominent physician whom most of you know, and who served as a medical officer during the war in charge of a very important department, can tell you of a doctor whom he had known for the greater part of his life, and who had never displayed anything but mediocre ability. During the war this very ordinary doctor became a medical officer and was sent overseas, where he showed amazing ability in positions of great responsibility. When asked how he explained such unsuspected talent, he replied, "Well, twenty-five years ago I was 'found' at West Point and I have been waiting all these years for an opportunity to come back and settle an old score by making good on a military job." This man had indeed found himself—but twenty-five years is a long time. Could not that time have been shortened, if some one—preferably, of course, an officer on duty at the Academy, but one with some understanding of adolescent reactions—had talked the matter over with him before he left? I do not know. But this story is the one I have in mind when interviewing those who are about to be dismissed for academic failure. Conditions do not permit spending more than a few moments with each man, but I believe even that is worth while. A great many of these lads have, for emotional reasons, selected a career for which they are in no sense qualified. Effort is made to get them to see that the real mistake was not in failure, but in the selection of a vocation. Mention is invariably made of some of the men who have failed at West Point, such as Whistler and Edgar Allan Poe, who later achieved fame. Owing to the difficulty of following up the cadets who fail, the question of whether or not anything is really accomplished by the final interview is one that cannot be satisfactorily answered. However, it can be stated that a considerable number are dissuaded from the idea that life must be begun by running off to South America or Australia.

The prevention of nervous and mental disease at West Point is a problem worthy of more intensive study than it has received in the past. As a military academy, West Point ranks second to none in the world, but after all it *is* a military academy and not a university. Colonel Steese, in his memorandum prepared in answer to the criticism of the teaching system offered by Dr. Eliot, states in part:

"We admit that West Point is hard, and we admit that it is narrow. Its object is to turn out raw material for officers, not dilettanti, and accordingly it specializes in character, not manners. We consider that it is well at least one institution should continue in the United States which holds that the *duties* of its students are more important than their *rights.*"

One naturally hesitates to recommend changes in the interest of the mental hygiene of the less stable which might undermine the character training and discipline so indispensable to the training of an officer. After all, the system must be one of elimination, for only the strong are wanted, and if it happens that now and then the weak are broken, is not that the price that must be paid for the production of officers of the highest standard? Against the product one must weigh the price; during the year 1920 there were two suicides in the Cadet Corps—since that time we have been thinking more about mental hygiene. Of the various factors conducive to mental disorder, West Point has isolation, a rigid discipline, monotony, and an almost total lack of opportunity for individual expression. On the other side of the balance, the Military Academy can boast a training in regular habits, an unparalleled physical education, excellent sanitary supervision, an *esprit de corps* second to none, and most important of all, a training in honesty. Character in itself is no infallible safeguard against mental disease, but if one is honest with one's fellows, one is more apt to be honest with oneself and to face one's problems squarely. Of tremendous value in the program for mental hygiene is the division of the Cadet Corps, for the purposes of academic instruction, into small sections, with an instructor in charge of each section. In this way, early signs of maladjustment are observed and reported to the physician. Actual instruction in mental hygiene has a place in the regular course in general hygiene and this is supplemented with lectures by visiting psychiatrists.

Radical modification of a system of military education which has been in vogue for one hundred and twenty years is not likely to come about in the near future. However, the general trend is in the right direction. Experience gained from the training of a citizen army during the World War has taught the regular army the importance of studying the individual in his relation to the group. The fruits of this experience are more and more to be seen in the training of the regular officer.

ON THE PSYCHO-SEXUALITY OF COLLEGE GRADUATE MEN

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EVEN the elementary facts of a person's sex history usually come to light only in the setting of a clinical examination. Elementary facts of sex development in average individuals, even in normal groups, are to science practically a closed book. Outstanding contributions are Havelock Ellis' "histories", but they are of such heterogeneous material as to throw little light on normal situations. One body of data comparable to the present is known to the writers—from the work of Meirowsky regarding the age of incidence of masturbation and coitus in German students.[2]

The individuals discussed in this paper constitute some three-quarters[3] of a total group of almost 250. So far as known, they were unselected from the total group. Their ages are distributed as follows:

Age in years	*Per cent of cases*
Under 21	5
21	20
22	25
23	17
24	8
25	3
26	6
27	4
28	2
29	4
30 and over	5

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[1] The collaborator first named organized the questionnaire and obtained the data from the individuals. These data were then turned over to the second named collaborator who evaluated them as here described and prepared the text of the report.

[2] Quoted by L. Loewenfeld in *Über die Sexuelle Konstitution und andere Sexualprobleme.* Wiesbaden: Bergmann, 1911.

[3] This and other statements are couched in indefinite or percentile terms with a view to obviating identifications. They are, of course, based upon more precise data.

Practically all are college graduates. The ages attached specifically to the individuals replying to the questionnaire are not known.

The present inquiry was made as part of a more general personality study of one of the more favored social groups, and was one of a number of similar studies that have been recently undertaken. At a meeting called for the purpose, the men were given a short talk on the general objects of the investigation and two questionnaire papers were distributed, which they were requested to fill out and return before leaving the hall. The first questionnaire followed roughly the outline of personality study ordinarily carried out in neuropsychiatric examinations, and was to be signed. The second or sex questionnaire was to be left unsigned, and it was suggested that the answers be printed to avoid any concern over identification of handwriting. It was specifically stated that the inquiry on sex was of a research nature and would probably be of little value to the men themselves. They were told that the inquiry was not concerned with their individual sex problems except that aid and advice would be readily given when it might be requested. The attitude toward the inquiry was satisfactory. The men uniformly took the matter seriously and coöperatively, with expressions of approval and interest.

The questionnaire method in some form or other is the only practicable approach to the question at present. The essential issue is the reliability of the responses to the questionnaire. Some of the questions involved here are predominantly objective, others predominantly subjective. An example of the former would be an inquiry as to date of marriage. That is essentially a question of fact in the subject's history, the answer to which is likely to be known within practical limits. The subject almost necessarily gives a substantially correct answer or a consciously false one, or he ignores the question. Other questions are predominantly subjective—*e.g.,* Question Q, item 21, of the present series. Here a valid answer depends on the subject's ability to analyze his own mental processes. This is a difficult enough matter apart from the prejudices involved in the attitude toward sex. The writers' opinion, based upon both observation of the individuals and examination of the data, is that the objective answers in this material can be taken at not far off their face value. The subjective answers must be taken with more reservations and their meaning is often indirect.[1]

A questionnaire of this nature must be presented to those who are to respond, before the responses are called for, in an introductory talk such as that above described, so that their willingness to coöperate may be assured. It is the general opinion that upon this presentation depends much of the freedom with which answers will be given. It is an essential condition of answering freely, also, that the questionnaires shall be left unsigned. Between 5 and 6 per cent did affix their names to the present one.

As the questionnaire is constructed, it contains 22 questions, but these separate into 29 items on which information is sought. Question A, item 1, reads: *At what age do you first remember having an active interest in sex matters?* The replies are as follows:

Age in years	*Per cent of cases*	*Age in years*	*Per cent of cases*
6	1	15	11
7	3	16	5
8	3	17	7
9	2	18	2
10	6	19	0
11	6	20 and over	1
12	17	Unclassifiable	2
13	11	Omitted	1
14	21		

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[1] In the tabulation of these data, the processes were uniformly carried out once—*i.e.*, were not checked. Some subjectivity in the ratings is unavoidable. To get an idea of its extent, 25 questionnaires totaling 725 answers distributed through the series were retabulated and compared with the figures entering into the present results. The total of such discrepancies observed was 6.5 per cent. Two and one-half per cent of these were confusions of the symbols for ''unclassifiable'', ''inapplicable'', and ''question ignored''; three and one-fifth resulted from differently interpreting a somewhat vague answer that might be taken in more than one sense; eight-tenths of 1 per cent resulted from confusion of the code symbols adopted for various types of answer. The first and third classes of discrepancy resulted from the difficulty of holding in mind the many somewhat arbitrary symbols hardly separable from the statistical treatment of these data. Their effect on the results is insignificant. No discrepancy was observed in the notations of a direct, quantitative answer.

Such a question is predominantly subjective. There is room for some casuistry on how "sex matters" shall be defined. Some part of the variations in the answers is doubtless due to different interpretations of the question. Similar factors stimulating sex interest can hardly be at work throughout. The most generally determining factor in these answers seems to be the process of puberty. The distribution shows a gradual rise to a distinct mode at fourteen years with a somewhat more rapid decline. It will be noted elsewhere that fourteen is a critical year in other aspects of psycho-sexual history.

Question B, item 2, reads: *Did you have adequate instruction in sex hygiene?* As there is no objectively "adequate" instruction in sex hygiene, the substance of this question is whether the subject ever experienced difficulties that he feels might have been modified by fuller information on the subject. The majority—57 per cent—seem to feel that they would have been helped by fuller information than they had; 40 per cent do not consider this to be the case. With regard to the group of "inadequate" instruction there are two possibilities: one is that there was really very little information; the second is that the subject "projects" upon inadequate information what was rather an inability to utilize the information he possessed—*"Video meliora proboque, deteriora sequor."* The negative answers probably consist in part of those who know that they had less information than their fellows, and in part of those who have encountered perceptible difficulties in their sex adjustments and are inclined to project these upon the environment.

Question C reads: *At what age and from what source did you acquire such information?* This divides into items 3 and 4, concerned with age and source respectively. The wording would refer specifically to the "adequate" information of the preceding question. Positive answers are given by 58 per cent. This is more than said they had adequate information and the question seems to be generally understood as referring to principal information apart from its adequacy. The ages at which such information is reported as acquired are distributed as follows:

Age in years	*Per cent of cases*	*Age in years*	*Per cent of cases*
6	½	15	6
7	1	16	7
8	½	17	2
9	1	18	3
10	6	19	2
11	1	20 and over	2
12	8	Unclassifiable	11
13	6	Inapplicable	5*
14	11	Omitted	26

The figures follow the general lines of those for ''active interest''. They stretch out to older years. The number of irregular answers is noteworthy—42 per cent of the total. Here and in similar cases it is a serious question how far the facts in these irregular answers would alter the findings more definitely given.

The sources of information, item 4, are more definitely stated; only 11 per cent of the answers are irregular. In a number of instances more than one perceptible source is mentioned. The following gives the percentile frequency with which the various sources are mentioned:

Books	12	Home	27	Unclassifiable	½
Companions	28	Physician	3	Inapplicable	3
General	8	School	12	Omitted	5

The bulk of the answers go to companions, home (mostly father), school, and books, in the order named. The home, to which the individual most naturally looks for guidance in this sphere (item 6), is mentioned in 27 per cent of the answers. There is no mention of religious sources.

Question D reads: *Do you think serious instruction should or should not be given on these matters? By whom?* It divides into item 5, the policy, and item 6, the source. The ''official'' answer regarding the policy is the positive one, which is given by 96 per cent. Four answers are negative, the responses occasionally reflecting a cynical attitude. Difficulty in assimilating the available information is the most natural interpretation of such replies.

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* This category includes responses where the question is or seems ''inapplicable'' to the person replying. Thus, in the present case, inadequate instruction reported in item 2 might be regarded as making items 3 and 4 ''inapplicable'' to those so answering. To a person denying masturbation, questions regarding its incidence and duration would be ''inapplicable''.

In respect to the preferred source of instruction (item 6), there is a tendency in one direction, as follows:

General	½	School	19
Home	56	Unclassifiable	8
Physician	12	Inapplicable	2
Priest	2	Omitted	1

The home, regularly the father, is named in 56 per cent of the questionnaires. Various educational agencies are next, with 19 per cent. Noteworthy is the slight representation of a religious setting, as well as the few who ignore the question, outside those who think instruction should not be given. Certain rather pertinent suggestions are made. One response prefers the older brother, when possible, to the father, for reasons easy to reconstruct. Another enumerates various critical ages when the father's instruction should enter. One recites the mother as the actual source (item 4) and the father as the one preferred. Another recites the mother as the preferred source; another "both parents so as to get both sides of the question". Three are specifically against instruction by parents; one emphasizes that he would not believe them.

Question E reads: *At what age did you begin masturbation and how long continue?* It divides into item 7, concerning the year of beginning, and item 8, the years of duration. It is presumed not to refer to the so-called infantile masturbation. With regard to the age of beginning, the distribution is as follows:

Age in years	*Per cent of cases*	*Age in years*	*Per cent of cases*
7	2	16	8
8	1	17	4
9	0	18	2
10	3	19	2
11	2	20 and over	3
12	7	Unclassifiable	9
13	5	Denial	7
14	20	Omitted	7
15	15		

There are 23 per cent of irregular answers, 7 per cent ignoring the question and 7 per cent denying masturbation. A certain medical professor used to ask those students, of a class of some hundred, who had not masturbated to raise their hands. Possibly five would do so. Thereupon he would voice his satisfaction that the course contained but five liars. According to such a criterion, the present data would be very satisfactory. There is a strong prejudice against taking denials of masturbation at their face value. A common interpretation is over-compensation of a masturbation complex: ''If anybody denies that he ever did it, he does it now.'' One may so define one's practice as to exclude it from a rigid definition of masturbation. The hand is not employed; one is half asleep and not responsible. The absence of adolescent masturbation is clearly an abnormal feature, but hardly impossible in the presence of very moderate sex urge or very special environment. Possibly one would not have expected the age of beginning to be so variable, especially to extend so much into later adolescent years. The mode coincides with other critical events of the topic, at fourteen years.

The second part of this question, item 8, alludes to the length of continuance. The answers, figured in terms of years, are distributed as follows:

Years continued	*Per cent of cases*	*Years continued*	*Per cent of cases*
1	11	8	2
2	11	9 and over	1
3	11	Unclassifiable	9
4	9	Inapplicable	12
5	6	Omitted	17
6	4	Answered in number of episodes	5
7	1		

Something depends on how this item is understood. The practice of masturbation is not an ''all or none'' function. It may continue with some regularity and then cease, but is perhaps more likely to ''taper off''. It is difficult to represent such facts in a single question. It seems probable, however, that masturbation occurs in isolated instances at times beyond those named as the limits of the practice in the figures. They may be taken to represent the period during which the practice formed a regular and not unimportant part of the person's adjustments.

In line with this is the large number of irregular answers, some 40 per cent of the total. Five per cent in all answer in terms of the number of episodes, five or less. One answer reads: "Ignorant as to meaning." In two cases answers to this question were deleted with the pen. In one of these, item 12 is answered that the chief concern was over the "physical" effects. In the other case the words "about fifteen or sixteen" seem legible beneath the deletion. The answer to item 9 regarding frequency is also deleted. One answer reads: "Ever since I can remember", and another, "Was never bothered with it because of home instruction."

Question F, item 9, reads: *Average frequency per month?* The percentage of distribution of answers was as follows:

Times per month	*Per cent of cases*	*Times per month*	*Per cent of cases*
1	13	8	½
2	11	9	0
3	10	10 and over	5
4	9	Unclassifiable	22
5	2	Inapplicable	11
6	4	Omitted	13
7	½		

The question encounters difficulties similar to the previous one, which seem again reflected in the number of irregular answers, some 46 per cent of the total. The classifiable answers may or may not allude to the frequency during the time when it was an integral part of the person's adjustments. Larger figures may be derived in the former way. They may, on the other hand, represent the number of months elapsed divided into an estimated total of episodes. Smaller figures may be derived in this way. According to recent considerations of the subject, two types may be represented in those with extreme masturbation. One is the heavily sexed individual in whom masturbation is a stepping-stone to heterosexual activity or *faute de mieux;* the other is the individual with a neurotic fixation at this level. The extreme report is daily for some three years after fourteen, during which period regular heterosexual activity is also reported.

Question G, item 19, reads: *Is it still a problem?* This question is perhaps a more courteous way of asking if the practice still has a definite rôle in the person's adjustments. It is answered positively by 14 per cent, negatively by 66 per cent, and is ignored by 10 per cent, excluding those who deny masturbation. One answer doubly underscores a "no", over-compensating. It would not be surprising if the positive answers here represent a fairly normal percentage of persistent, if also partial, fixation at this level. It is of course conceivable that one may become reconciled to a persistent adjustment of this kind. In such a case a quite correct negative answer to the question would be deceptive.

Question H, item 11, reads: *Was this practice the cause of special anxiety, fear, or remorse?* Seven per cent give a positive answer without specifying the nature of the effect, 25 per cent a negative answer. Of those who do specify, 25 per cent specify anxiety, 4 per cent fear, and 12 per cent remorse. It may be questioned if a distinction between anxiety and fear means much to these persons. The total number of persons who make positive answers is some three-quarters of those who do not deny masturbation.

Question I, item 12, reads: *Was your chief concern over the physical effects or the moral issues?* As is consistent, almost the same number of definite answers are returned as to the previous item—72 per cent. Only 9 per cent of those who answer classifiably deny concern. Physical effects are named by 50 per cent of all, by 16 per cent in connection with moral issues. Moral issues alone are named by 19 per cent. Question might be raised as to the nature of the distinction. It is not unreasonable to regard concern over a physically deleterious act as a moral concern. There may be less resistance to acknowledging the physical concern than the feeling of moral guilt. This would be consistent with the greater number of times that physical concerns are mentioned. Much may depend on the character of admonition against masturbation in companions' gossip that has been heard—whether the weight of it has been on bodily harm or on moral guilt. It is not simply a question of whether one is more sensitive to one or the other motive. Two answers denying masturbation say that the concern "would be" on moral grounds.

Question J reads: *At what age did night emissions begin? Frequency to present time?* This divides into item 13, concerning age of beginning, and item 14, concerning frequency.

The answers on the first point are distributed as follows:

Age in years	*Per cent of cases*	*Age in years*	*Per cent of cases*
9	½	18	11
10	½	19	5
11	0	20	2
12	2	21	2
13	½	22	0
14	11	Unclassifiable	20
15	11	Denial	2
16	13	Omitted	10
17	11		

The distinctive feature of this distribution is that the bulk of the positive answers are concentrated with nearly equal frequency on the five years 14–18. Two cases are notably precocious. It would not be surprising if these answers were subject to a probable error of at least a year in terms of illusion of memory. A definite answer is lacking in 30 per cent of the returns, 2 per cent deny the experience.

Item 14 concerns the average frequency and is subject to the same reservations as obtained with regard to masturbation. It produces a large proportion of irregular answers—41 per cent. Were they unmodified by masturbation and coitus, the facts would be a good indication of organic sex activity during this period. As it is, the datum is among the less significant of the results from the questionnaire. The distribution of data is as follows:

Times per month	*Per cent of cases*	*Times per month*	*Per cent of cases*
Less than 1	7	6	1
1	27	7	½
2	17	Unclassifiable	25
3	1	Inapplicable	2
4	3	Omitted	14
5	½		

Question K, item 15, reads: *Have you had sexual intercourse? (If married—prior to marriage).* Every one has heard widely varying speculations by those in relatively good positions to estimate. Speculations observed by the writers range from 50 per cent to 95 per cent. The data on German students show 85 per cent up to twenty-six years, but without data on marriage. The present replies are as follows:

Reply	*Per cent of cases*
Positive	35
Negative	60
Unclassifiable	1
Omitted	4

There is perhaps less reason to question the accuracy of this datum than that of any other in the questionnaire. The per cent of individuals who have established relations of the primary level prior to marriage figures at 35. This is lower than popular or expert speculation has placed it, at least for males in general. It must be taken in connection with two factors. The mean age of this group is twenty-three, and it is doubtful if the maximum urge of the group has been reached at this time. (Unfortunately the ages of the individual persons answering are not known.) A group averaging some thirty years of age would give more satisfactory data. Again, the situation may be very different in different social groups. Probably this group has had a greater share of satisfactions in life other than the crude erotic. They have more means of "sublimating" such urges, owing to more favorable economic status. With regard to the general early age of the group, it may be questioned if increasing organic urge in the following years is not balanced by more effective mechanisms of sublimation. The full interpretation of this finding awaits a broader and more controlled collection of data.

Question L, item 16, reads: *At what age did you begin?* Definite and positive answers are recorded for some 35 per cent, one fewer than those making a definite affirmation to the previous question. The distribution of the ages is as follows:

Age in years	*Per cent of cases*	*Age in years*	*Per cent of cases*
10	½	20	6
11	0	21	6
12	0	22	3
13	½	23	½
14	2	24	½
15	4	25 and over	1
16	½	Unclassifiable	2
17	3	Inapplicable	56
18	4	Omitted	7
19	3		

The meaning of these figures depends largely on the ages reached by these individuals, which are not known. It is noteworthy, however, that very few who established premarital intercourse did so later than twenty-two, while over half the group are above this age. Marriage complicates the situation with the older cases. The questionnaire does not embody definite information as to marriage. There is probably a ''critical age'' up to which the chances of premarital intercourse become greater, subsequently to become less, but the data hardly enable one to estimate it for this group.

Question M, item 17, reads: *Frequency to present time?* The implications of this item are relatively important as they concern the extent to which this type of adjustment is made a life policy, with possible modifications of subsequent marital attachments. Definite classifiable answers are returned by 17 per cent only, and of these half in terms of the number of episodes (not more than five). The remainder give replies as follows:

Frequency per month	*Per cent of cases*
Less than 1	4
1	2
2	1
3	0
4	2
5	0

On the face of these statements, not more than about 8 per cent of the group have established a definite life policy along these lines. They are, however, subject to the reservations cited under item 8—*e.g.*, one answer recites episodes ''every day for three months'', the entire cessation. (This individual is among those denying masturbation.) Another states that the individual has not had intercourse since twelve years of age. The number may well be less than here indicated, owing to a cessation of episodes previously frequent and reported on that basis. The question is again complicated with the unknown factor of age. If, however, the 17 per cent concerned are typical in this respect, it is evident that extra-marital coitus is a relatively transitory as well as infrequent phase of development in a group like this.

The extremes are between complete abstinence and an average of four episodes per month. These may be looked upon as representing in part differences of ethical sensibilities and in part differences in strength of the urge as modified by organic conditions, degrees of sublimation, and the like. The ethical significance of the conduct is modified by the strength of the urge, and its variations contribute to make ethical standards in this field quite difficult to evaluate.

Question N, item 18, reads: *Have your relations been chiefly with prostitutes or others?* The number of definite classifiable answers is 32 per cent. Some difficulty is suspected regarding the definition of the word prostitute. One reply is, "I don't know." The figures are as follows:

Reply	*Per cent of mentions*
Prostitutes	10
Others	24
Unclassifiable	4
Inapplicable	55
Omitted	7

Six of the above answers concern both prostitutes and "others". The question may be raised as to whether there would be greater reluctance to recording episodes with prostitutes or with "others". There are probably sectional differences in this respect. The writers have observed such differences between localities where they have lived. It is, however, impracticable to estimate their effect on the present results. There are also differences between individuals. Some have little resistance to prostitutes, but much to "others" and vice versa. One reply deletes "both" and writes "others". Another reads: "I take them all if their physical standard and cleanliness warrant. Cannot enjoy the average prostitute, though." Such factors play a large part in the findings. It would appear, also, that "others" are not inaccessible to individuals of this group, in somewhat the same degree as prostitutes.

Question O, item 19, reads: *Have you ever had venereal disease?* Only one affirmative answer to this question is given. These replies are at variance to expectation, and the item is one that the writers find it most difficult to criticize. There is some reason to believe that venereal disease was often not understood to include gonorrhœa. With all allowance for this, however, the replies seem hardly consistent with those of the item immediately foregoing. Repression seems more probable here than in any other objective element of the questionnaire.

Question P, item 20, reads: *What connection has alcohol had with sexual indulgence?* Replies are given by more persons than report activity on the primary level, as follows:

Reply	*Per cent of cases*
Positive	11
Negative	44
Unclassifiable	8
Inapplicable	30
Omitted	8

Apparently the question may be answered either in terms of personal experience or as an opinion based on observation. This makes it difficult to deal precisely with the present data, but *"sine Cerere et Baccho friget Venus"* is hardly borne out in the replies. The general consensus, for observation or experience, is rather that persons with a fair degree of erotic satisfaction are relatively independent of alcoholic enjoyment.

Question Q, item 21, reads: *What has been the greatest force working for continence in your case? Moral principle—fear of disease—influence of some one person—dictates of church—timidity with other sex, etc.* It is among the more subjective questions in the series. Taken at their face value, the answers probably put more of a burden upon the insight of the group questioned than it is fitted to carry. More than one motive is named by many. The results are figured in terms of the number of mentions as follows:

Dictates of church	14	Timidity	9
Fear of disease	48	Unclassifiable	6
Influence of person	46	Inapplicable	3
Moral principle	107	Omitted	24

The preponderance of the replies include "moral principle", which also admits of more analysis than the remainder. It is the "official" motive, the one most inherently satisfying. As such, the question is raised how far it represents a rationalization of other factors. Any motive determining lack of sex reaction can show itself in this guise. It is not improbable that a moderate degree of urge would also present itself in this way. Under these circumstances one must be guarded in accepting a motivation like this at its face value, save in the presence of data on many other adjustments of the personality. The other motivations are not so open to this objection and are of more direct interest. The third in number of mentions, ''influence of some one person'', may well be the most important, for morality itself is, in very large part, faith in other people's morality. ''Fear of disease'' is, by a negligible margin, the most common motivation acceptable at face value. ''Dictates of the church'' plays a minor rôle, possibly because its influence has been absorbed into ''moral principle''. And it is probably common sense rather than cynicism to suppose that a considerable amount of ''timidity with the other sex'' has assumed a similar guise. ''Fastidiousness'' is offered in one instance. The question deals on the whole rather with the psychology of rationalization than with motivating facts. One individual seems to have taken it in a reverse meaning, for his reply is: ''Satisfaction—pacify nerves.'' Another of the *plus grands amoureux* of the group finds that this and the following question ''do not seem to apply to my case''.

Question R, item 22, reads: *Do you feel that sexual thoughts and unsatisfied sexual cravings interfere with your work and to what extent?* This question is an essentially subjective matter, but hardly so open to rationalization as the preceding. All degrees of qualified answers are given. Simply classified, they appear as follows:

Reply	*Per cent of cases*
Positive	37
Negative	55
Unclassifiable	2
Inapplicable	½
Omitted	5

Error in the figures is probably in the direction of too few positive answers, as it seems likely that more persons would deny it where it did exist than affirm it where it did not. Besides those whose urge is itself not disturbing, there are eliminated those whose primary erotic contacts are sufficient to prevent the problem from arising. One answer reads: ''Very much; go to get it sometimes.'' Another keeps this disposition on a mental level: ''They interfere a little bit. I try to help it by discussion with a girl. She does not understand these matters and I try to do a double service—teach her and take some one into my confidence."

Question S, item 23, reads: *What has proved the best outlet to turn your thoughts away from sex? Intellectual work—muscular exercise—social activity—special hobbies, etc.* This question is one implying some powers of self-analysis—for example, in distinguishing "special hobbies" from the particular lines along which interest in the other spheres is expressed. As in previous cases, more than one factor is often named. The numbers of mentions are as follows:

Hobbies	15	Miscellaneous	6
Intellectual work	56	Unclassifiable	9
Muscular exercise	112	Omitted	15
Social activity	48		

The marked preponderance of muscular exercise is significant. It is not unreasonable to suppose that those not listing it are those in whose general lives it has played a minor part. It confirms what most students of the topic would expect. Probably the item "hobbies" is largely absorbed in the other three. It is not quite so intelligible that intellectual pursuits should exceed social activities. One almost suspects that its leading position in the questionnaire contributes to its leadership in the replies. (Cf. also "moral principle" in item 21.) Two replies mention recourse to prayer.

Question T divides into items 24, 25, 26, 27, and reads as follows: *What is the effect of the following activities in regard to increasing or decreasing sexual cravings and the difficulty of control?*

Item 24: *Mixing socially with better class of girls at dances, parties, etc.*
Item 25: *Minor love making (summer flirtations).*
Item 26: *Reading modern problem fiction containing realistic love scenes.*
Item 27: *Attendance at the average musical comedy.*

The results for the different items are:

Reply	*Item 24*	*Item 25*	*Item 26*	*Item 27*
Increase	10	60	84	74
Decrease	54	6	6	6
Unclassifiable	25	18	34	42
Omitted	11	15	14	11

Throughout there is a large percentage of unclassifiable responses, chiefly those that record the experiences as indifferent in this respect. Omissions are also considerable. The significance of the replies is limited. In all cases there is an ''official'' answer which is developed in the ordinary interchange of ideas on the subject. Association with ''nice girls'' is supposed to inhibit organic cravings, and the suggestion in the remaining items is in favor of positive effects. Probably this factor enters into the replies equally with the analysis of personal experience. One reply finds that the flirtations of item 25 ''will often lead to sexual intercourse''. Another finds that ''if sincere, the effect was not to stimulate sex; if insincere, the opposite effect''. Sometimes there is evidence of over-compensation in the replies—*e.g.,* item 26: ''Cannot stand reading such bosh.''

Question U, item 28, reads: *What was the attitude of your parents toward matters of sex? Understanding—intolerant —prudish—over-modest, etc.* Here, again, there are instances of mentioning more than one feature, and figures are given in terms of number of mentions as follows:

Intolerant	16	Understanding	88
Over-modest	39	Unclassified	16
Prudish	14	Omitted	15

Filial loyalty, perhaps, plays a large part in these answers. The 88 ''understanding'' households are not wholly consistent with the majority that had inadequate instruction under item 2. The conception of the terms in the question is a somewhat subjective matter—*e.g.,* where one would draw the line between ''over-modest'', ''intolerant'', and ''prudish''. Possibly the replies reflect attitude toward parents in the individual rather than overt conduct of the parents themselves. One with resistance toward parents would speak of intolerance or prudishness where a freer individual would use ''over-modesty''. Moreover, the attitude of both parents is not necessarily the same, though the distinction is very rarely made—*e.g.:* ''Father understanding, mother intolerant.''

Question V, item 29, reads: *Do you approve or disapprove this type of questioning?* The suggestion is in the direction of approval and the replies are predominantly positive, as follows:

Reply	*Per cent of cases*
Positive	67
Negative	6
Unclassifiable	16
Omitted	12

Some of the interest in such data attaches to the interrelations of the traits. What, for example, may be the relation between excessive masturbation and subsequent heterosexual adjustments? The present material is not well suited to inquiring into these phases of the question and it is left for further study. The number of cases is too small to do other than indicate the nature of the matters involved. Examination was made of three groups of adjustments: those denying masturbation, those affirming the most frequent masturbation, and those reporting the most heterosexual activity.

Among the 7 per cent denying masturbation, 2 per cent of all replies report the establishment of heterosexual relations at the age of about twenty-one. One, previously mentioned, describes episodes "every day for three months, then stopped entirely". Another writes: "No more, being —— [illegible]." Another, "once or twice". All activity is reported with "others", not prostitutes. The percentage thus establishing primary relations is about two-thirds of that for the group as a whole.

Among those reporting the most frequent masturbation, 2 per cent of all replies report heterosexual experience, the proportion being slightly smaller than holds for the group at large. With 2 per cent further, auto-erotism is "still a problem", in something more than twice the percentage in the group at large. The amount of heterosexual activity reported is without significance; in one case it is with prostitutes only.

Of the 4 per cent most active heterosexually, all report masturbation, but in quite varying degrees. One individual is also in the preceding group, reporting the most frequent masturbation of any. All report intercourse with "others", one with prostitutes as well. "Age of beginning" shows nothing significant.

CASE STUDIES IN THE MENTAL PROBLEMS OF LATER ADOLESCENCE WITH SPECIAL REFERENCE TO THE MENTAL HYGIENE OF THE COLLEGE STUDENT*

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DIFFICULT mental adaptations, usually with a bad solution of the intrinsic mental difficulty, are of very common occurrence among college students. There is nothing peculiar to students or to colleges about this. Its significance lies in the fact that the colleges offer a splendid opportunity for the study of mental adaptations, both for better and for worse.

Intolerable situations, or at least situations that are highly tinged with an emotional coloring, are the groundwork upon which the crucial mental adjustments are erected. These intolerable situations, again, are not peculiar to the college student. He has the same instinctive equipment to care for, the same drives and impulses, as his less fortunate laboring brother. The only difference is that in the case of the laboring man the foreman is the principal obstacle to overcome, while in the case of the college student, it is the professors or some ''stuck-up'' fraternity men. The obstacles are essentially the same, though they are necessarily somewhat different outwardly as a result of a differing environment.

A close study of the student body of a representative, but small, state university has disclosed the cases that are reported in this paper, with what detail seems necessary. Before they are presented, however, it may be well to discuss briefly the drives that seem to be paramount among such a student body and the modes of exercising them.

College songs are the mirror of the soul of the college student to a remarkable degree. These center around love, gregariousness, and social esteem. Every fraternity has its sweetheart song—*Kappa Sigma Sweetheart,* and the like—and those who have not been admitted to fraternity fellowship still sing the love songs of college. Not only do they sing them and whistle them, they think them and to a large extent they live them. Gregariousness is celebrated in such songs as *He is a Jolly Good Fellow,* and the college parties and social affairs often seem more important and prominent than scholastic affairs. Social esteem—*For He Is a College Man,* and so forth—is probably, in many instances, the principal reason why young people leave their home towns and go away to school, sticking out four years of boresome classes in subjects that they doubt will ever be useful to them just that they may be known in later life as college graduates.

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* These studies were made at the University of Wyoming.

One finds these three paramount drives fulfilled—or denied—in college existence through several channels. There is, first of all, the matter of *grades.* Social esteem of a limited sort may be secured through the mediumship of class leadership in marks. Mediocre or poor marks represent the thwarting of this esteem so far as marks are concerned. *Athletics* furnishes another avenue for gaining social esteem, especially through the success and popularity of a winning team. Grades may take the place of athletics, or athletics may take the place of grades, in startling ways, as the histories that follow will show. Prominent participation in other school activities, such as *dramatics, debating, publications, and parties,* may also furnish the student who craves esteem—a perfectly natural craving—a means of gratifying his need for social approval.

As the students were studied, however, it soon became quite apparent that there are a few features of college life that stand out above all others in the mind of the student as representing the gratification of his needs. In the particular school under consideration, the *Greek-letter "complex",* as it has been somewhat loosely termed in class discussions, is of much importance, perhaps of exaggerated importance in comparison with the part it plays in other state schools. The *date "complex"* is another of common occurrence. The *grade "complex"* appears time and time again, as does also its antithesis, the *athletics "complex".* The instructors, of course, come in for their share in the *instructors' "complex",* and closely related to the same intolerable situation, if not merely another side of it, is the *extracurricular ''complex''*.

Of outstanding frequency is what the students have chosen to call the *''hick complex''*. The student who comes from the small town or the ranch thirty miles from a village is rather sensitive to the fact. A nebulous halo of majesty, moreover, is associated in his mind with the name university; college would present no such great contrast to small-town existence, but the university represents, in the thought of such students, the apex of apexes. Cherishing expectations of something so different from all they have ever known, certain individuals over-react when they finally arrive in the campus town and find their instructors very human, not bald-headed and hoary with age and wisdom, but young and beardless and forced to search laboriously in textbooks for material for their lectures. When these students also find that the athlete whom they held in awe in their village is much like any one else on the campus, they begin to over-react.

Paternal affection is usually considered instinctive, but the affection of children for parents is not. This sometimes gives rise to the *parent ''complex''*. The substantial, but uneducated and uncultured parent visits his child at the university, much to the latter's discomfort. Indeed, actual physical presence is not always needed; mental comparisons alone are often enough to play havoc with the student's relations to his parents.

The following cases show how these various instinct expressions (which have been loosely termed ''complexes'') are operative in the mental mechanisms by which the college student adapts himself to his changed environment.

I

The student who studies is a rare phenomenon of nature. Just why he should have the attitude that study is the chief function and duty of the college student is a matter of psychological interest. The following group of cases will shed considerable light on this question.

Case 1. Frank was one of the leaders in his high school. He starred in basketball, was president of his class for two successive years, was the chief yell leader of the school, and was very popular with the girls. He came from an influential family in the local community.

At the university, he is not quite the favorite that he was in high school. He has found it a little more difficult to get into the same social strata that he was accustomed to in high school. He has not ''made a frat''; he rarely ever ''dates''. He goes around by himself a great deal, apparently shunning, or at least not receiving, the company of others, and has soured greatly on the world in general. He is very studious.

Case 2. Esther is from a ranch and is highly sensitive about the fact. She is very bashful and self-conscious. She is especially conscious about her clothes, which are hand-me-downs from an older sister. Physically she is short and awkward; for a while she bore the nickname of ''the runt''. She never attends any social functions except church. In her small-town high school, she was very sociable and active in school affairs, not paying a great deal of attention to her studies. In the university, however, she has practically drawn into her shell and has become a veritable bookworm. In high school she was known as a ''good scout''; in the university she is considered queer.

Case 3. Two sisters from a family none too comfortably situated left a small mountain state to attend a very fashionable state university that is noted for its social functions. Their attendance was made possible by the fact that an uncle, who was very fond of their mother, resided in the university town. The high-school career of these sisters had been in no way out of the ordinary. They had manifested the usual amount of indifference to their studies and to their teachers, and had attended all the simple, but enjoyable parties that were given by the students. In the university, however, they found themselves left out of social functions that play so important a part in the student life.

After two years at the university they went home for the summer vacation. The plain, simple Swedish girls who had left two summers before returned as intellectual snobs. Education and learning, so they thought, were the most important things in existence. The simple frankness of the the two high-school graduates of two years before had been supplanted by a snobbishness, a sourness, and a bitterness that were very marked indeed.

II

Contrasted with the students who believe in and practice study are those who go to the other extreme. In this group we would include those who are disgusted with college in general, and have turned their attention to extracurricular activities. The following brief case histories will illustrate the genesis of this mental attitude in some typical university students.

Case 4. John is the son of a minister in a small town. While attending high school in his home town, he was not allowed to do the things he wanted to do or that the other boys did. He was always very quiet and reserved and very studious, and was scarcely ever seen with a girl. In company he seemed very awkward and self-conscious. He was considered by far the most brilliant student in high school.

Since coming to the university, he has changed so greatly that one would hardly know him for the same person. Studies are a very secondary matter now; it is his brag that if he can just ''get by'', that is all that is necessary. He is very popular with girls on the campus—he ''kept company'' with at least a dozen different ones in his first two terms—and has the reputation of being one of the fastest boys in the university. He has made a fraternity and since then seems to be more natural and normal.

Case 5. Mary came from England with her widowed mother. They were in very stringent financial circumstances and the mother was obliged to engage in work. When Mary was about fourteen years old, her mother married a widower, a prosperous rancher. Previous to this time, the fact of their very poor financial condition had been continually emphasized to Mary. After the marriage of her mother, Mary became the object of solicitous attention. Her stepfather had had a daughter by his previous marriage, but this girl had died. During her first two years of high school, Mary had been an ordinary, plain, sensible girl. Her mother was married in the summer vacation following her sophomore year, and in her junior year, Mary was very much changed. Her prudence and matter-of-fact common sense were gone; money had become a fetish to her. Her school work, which had been good during her first two years, became very careless. She failed in practically all her subjects in her junior year. She also became very unfriendly with her former chums.

Two years later, Mary suffered what the local physician called a ''nervous breakdown'' and went to the Coast. She had the vague aches and pains of a neurotic except when traveling or when in the company of people who were of the better class financially.

III

Who can imagine a ''dateless'' coeducational college? Even the man's college is not without such attractions. It is interesting to note the frequent occurrence of women's colleges in close proximity to colleges whose attendance is limited to men. And is not the classical effete college town a prime place for musical comedies?

But the dateless co-ed exists, and it would be rather foolhardy to take her as a matter of course. Let us see what happens to her and to her counterpart, the dateless college man.

Case 6. Earline is quite convinced that she is better than any one else on the campus. This is her first year in college, and her snobbishness seems to have been acquired about the same time that her freshman textbooks were bought. At the beginning of the year, she had a few dates, all of which were secured for her by her girl friends. On the morning after each of these, the girls never failed to inquire about the evening before. She would respond, ''He is just like a rubber ball—

hit him and he will bounce back'', or, ''I know that toad is going to ask me for another date, but I shan't even consider it.'' On several occasions she told the girls that she had been asked to go to parties, but always failed to state where and with whom. Once, when she was pressed by the girls, who wanted to find out just whom she was going with, she mentioned the name of one of the students. A little investigation disclosed the fact that this was a surprise to the man in question.

Somewhat later she became very much disgusted with all men in general and in particular with the men on the campus, whom she termed ''hicks''. She had a forced gayety.

Case 7. Eloise entered the university in September with the idea that she could drown a disappointment in love. The young man with whom she had had very intimate relations had suddenly and very unexpectedly married another girl, not exactly by choice. But the university was a poor medium for her purpose. She became very nervous, was unable to sleep, and suffered nightmares almost nightly. She was unable to concentrate on her subjects and was subject to headaches. Her musical ability led to her being pledged to a sorority. Her symptoms, however, not only continued, but actually increased in severity.

At present she spends a great deal of time in the company of one of the men and is improving greatly. Her gloomy, restless, meditative attitude has disappeared. However, she is still bothered by occasional nightmares and a general fidgetiness.

Case 8. Nancy is a college senior. Outwardly she is not very different from any other college senior. In high school, according to those who knew her, she was well liked by all and popular with boys. Her parents moved, which took her to another high school, where she received just an ordinary amount of attention. Upon her own confession, her lack of popularity with girls did not hurt her, but she greatly missed the attention of boys. As a sort of cover for this, she became very sensitive, forced an appearance of reserve, and grew very shy. In her senior year at high school, she had the reputation of being sarcastic and of not caring to make friends.

When she first entered college, she had several friends among the girls in a certain sorority. She was rushed by this sorority, but at every opportunity did her best to let the girls know that she did not think a great deal of them or their sorority. Her four years in college have been marked by few dates and those with not very desirable men—''barbs'' and freaks. They are the only sort she has gone with. Still, she has lied very constantly about her dates. The girls at the ''dorm'' would say, ''Why, Nancy always gets several offers for everything, but she turns them all down, so she says.''

In confidence she stated that she had always wanted to belong to a sorority. Her attitude of unapproachability did not represent her real feeling. When she was talked to personally, the calm reserve that seemed to characterize her was replaced by marked emotion and nervousness. Her outward cynicism also disappeared, its place being taken by sentimentality. At first she lied like a hardened criminal. She confessed to hair-raising, scandalous intrigues with married men, which a half hour later she confessed to be fictitious. She feels tired all the time. Ideas run through her head so that she cannot sleep. She has many sexual dreams. She has the false impression that certain people are trying to harm her. She thinks that the girls are very jealous of her, although outside questioning has proven this to be untrue. She has became disgusted with her teachers and with college education in general. At times she feels as if she were not her old self. A few months ago she contemplated suicide. She says that she *can* sit still without fidgeting, but she usually does fidget. Recently it has become difficult for her to study since ''other thoughts'' keep crowding into her mind. She thinks that several people on the campus are definitely trying to thwart all her ambitions, a suspicion that is entirely unfounded.

Recently at a small gathering Nancy told fortunes from palms. These fortunes were full of rather wild inventions—elopements with married men, police courts, breaking men's hearts, and the like.

After reading Jackson and Salisbury's *Outwitting Our Nerves* and several hours of personal conference—added to the fact that she has been receiving some attention from one of the university athletes—Nancy is showing signs of graduating with a much healthier collection of mental adjustments than would have been the case if she had gone on as she had begun.

IV

The desire for popularity and social esteem in general is a strong human motive. Its varied ramifications are plain in all the cases reported in this study. It may be well, however, to single out a few as exemplifying the importance of this one factor in mental health.

Case 9. Ralph had been a favorite in high school and had been very active in athletics. When he arrived at the university, he was filled with hopes very similar to those of the prospector who has caught a glimpse of fool's gold. He was certain that he would make a record on the freshman football squad. Much to his surprise, however, he found that he was not nearly so good on the gridiron as he had previously considered himself. Much to his disappointment, he was on the string of seconds on the freshman team.

In high school, quite probably as a result of his athletic prowess, he had been very popular with girls. At the university, the girls treated him much as they did any other second on the freshman team. In high school he had been characterized not only by popularity, but by good work in his studies. Indeed, the high-school principal, in conference with the students, often held Ralph up as an example of how a high-school student could be popular, active in athletics, and at the same time a splendid student.

Let us look a bit more intimately into the mental adjustments of Ralph to university life. To his roommate he complained that the coach was against him—would not have put him on the first string if he (Ralph) had been the best football man in America. This alleged unfairness of the coach in particular elicited much billingsgate from Ralph. Shortly after this he began confiding to his roommate his low opinion of the girls on the campus. He said that they were not good looking and that he would not take any one of them to a dog fight. The next tale of woe related to his instructors. Again to his roommate he confided that his teachers ''had it in for'' him, apparently because he was interested in athletics, and were not treating him fairly in class and discriminated against him in examinations. As time went on, he began to talk in his sleep and had several severe nightmares. A little later he began wandering around by himself at night and did not return until the wee small hours of the morning. Gradually he ceased associating with the other men around the campus and would sit in his room in a half-hearted, dejected attitude and gaze *at* the window.

In the meantime his parents had been notified of his poor scholarship. Naturally greatly concerned, they wrote him very stern letters; to these he did not reply and the attitude that he had shown toward the coach earlier in the school year began to be manifest toward his parents. He left the university before the end of the second term. His leaving was unannounced, and not until he did not put in an appearance for several days did his roommate realize that Ralph had left the campus. Some time later it was discovered that he was braking on the railroad and was very earnest in his ridicule of universities and education in general.

Case 10. ''A. Arthur'' he writes his name, and this indicates his mental make-up to a remarkable degree. His high-school career was quite ordinary.

In the fall of his freshman college year, he tried out for football, with no success. Then he tried in turn to make a debating team and a literary society, with similar results. It was at this time that his name began to appear as ''A. Arthur''. He became boisterous, especially so in the presence of students prominent in college activities. He let his hair grow long.

He pays homage to no one. When his fraternity president returned to college from a trip abroad, he refused to walk four blocks to the train to welcome him. His professors are ''dubs''.

He tried for success in a dramatic production, which was a marked failure. He was ill the next day and had to go home to let his mother take care of him. He and his father dislike each other.

He is, by vote of the students, the most unpopular man on the campus, largely because of his arrogant, haughty ways, which are definitely forms of compensation.

Case 11. Margaret's freshman college work was taken in a large university. Although she had not been an unusually popular girl in high school, she had received a good deal of coddling at home. She had been used to nice dresses, but not to luxury. At the university she attended, there were many sororities on the campus composed of girls who had clothes and money. Upon her own confession, she would not have been happy with these girls, but nevertheless she felt rather left out of it. She rationalized, lost interest in her work, and became generally dissatisfied with things. In her sophomore year she applied her own remedy and went to a smaller school.

Case 12. Horace, the youngest child in a large family, was left an orphan when about four years old. He was passed around from relative to relative until he was about fourteen when he left Illinois to see the West. He landed in a small Wyoming town and secured employment as an apprentice in the barber trade. He eked out his wages and managed to exist by cleaning windows in the business district. In the course of this latter employment, he made the acquaintance of a milliner who encouraged him to go to high school. He did, and the two of them became stanch friends, although she was many years his senior and had a reputation that would have caused his guardian angel to frown.

She was continually urging him on to a higher education and frequently mentioned Harvard men she had known. Horace became possessed of a single ambition—he was going to be a Harvard man. In high school he was the plodder, the boy to whom all the committee work was given. Nevertheless, he attracted a good deal of attention because he was dependent solely upon himself for support.

In due course he passed the Harvard examinations and journeyed across the continent to his much-heralded university. Inasmuch as he had to earn his way through college also, he had but little time or opportunity for indulgence in social affairs. Every one in the small town he had come from had known him and had spoken to him on the street. At Harvard even his fellow dormitory dwellers did not recognize him when they met him. He had wanted to study medicine, and was sorely disappointed to learn that to enter the medical college his milliner had talked to him about he would need four years of preparatory work. So one discouragement piled up on top of another, and the social esteem that had been his in the village had no counterpart in his Harvard life.

Soon sleep became difficult for him. He would like awake at night thinking up schemes for making money. In the wake of this, he was unable to concentrate for any length of time. He began to do very poorly in his studies, suffered from indigestion, had violent and long-continued headaches. Finally he became actually unable to do any school work. He boarded the train for Wyoming. On the way he stopped off at the state university to visit the students from his adopted town, to search for employment and to let them see a Harvard man. The visit resulted in his being invited to eat at the house of a fraternity to which one of the boys from his adopted village belonged. The group of students from this town gathered around him as they had in high school. He got work, and is now going to college and is apparently normal again.

Undoubtedly one of the first factors that helped to bring him back to normal was the fellowship of the group that had known him for some time. Now, however, he understands his own mental adaptations fairly well.

Case 13. Harry was considered one of the ''big bugs'' in his high school. He held many offices and honors. He forced himself ahead socially, although he was not very popular. But in spite of this he seemed to be happy and somewhat proud of himself, though not conceited. He went to a large university. There he was left on the outside of everything. He was invited to the Beta house to meet the fellows, but he replied, ''Oh, I know these frats. When I get around to it, I will come and look you over.'' Somewhat later he began to draw away from the crowd and to prefer the seclusion of his room to meeting people who, as he said, were nothing to him. Although he confined himself rather closely to his room, he spent but little time on his studies. At the end of the first semester, Harry went home and did not return, on account of failing grades.

V

There are some students to whom the prescribed courses necessary for graduation are a source of considerable repression and conflict. Closely allied to this, as the following cases show, is the inability to secure, at the college that tradition and circumstances decree one must attend, the particular courses that one had planned on taking in college.

Case 14. Arthur entered the university last fall, expecting to take up architecture. He is a student who ranks high in intelligence and has a great deal of initiative. Unfortunately, no special work is given in architecture, and in its place he took agriculture. He does not like the course, largely because it is not what he wanted. In the last few months he has developed a good deal of antagonism toward the university. He has secured a position, and the present term will mark the termination of his college work.

Case 15. Sam worked his way through high school and had such an enviable reputation that several business men loaned him, without interest, money enough to come to college. In the Thorndike intelligence test he made the highest score. He tried for a literary club and was granted admission. After these two triumphs, it was only natural that a Greek-letter fraternity should get him. In high school he had not been particularly social, perhaps because most of his time had been occupied with work. Frat life seemed to fascinate him and he began to change.

With his interests entirely of a literary nature, he registered for an agricultural course, thinking that it would enable him to be of more assistance to his people at home. His high-school compositions had received much merited praise and had been published in the local newspapers. The college instructor in English tore his productions to pieces.

A caustic bitterness began to develop in him. He had been somewhat of a grind all his life; now it was time to develop along other lines. He attended all the dances faithfully, but did not seem to get a great deal of enjoyment out of them. He fell in love with a girl, deeply in love, but to the girl he was merely an interesting specimen.

He left school at the end of his second term. Now he is engaged in a newspaper office. He dislikes it, but manages to hold his job through his literary abilities. He is extraordinarily bitter toward the world now.

VI

What are trivialities to one person to another, for some reason or other, may be events of great moment. Just how these trivialities may become serious stumblingblocks in life is well illustrated in college life. The following case histories

—one of which was written by the person directly concerned as a sort of ''talking cure''—are examples of this.

Case 16. Thora was attending an exclusive girls' school in the East. She was very queer, upon her own admission and the description of those who knew her. She could not talk openly and seemed to be hiding something. She did not go with the boys, and did not dance with girls. She was very cynical and was affected with spells that much resembled hysteria.

One evening, while some of the girls were holding a session in one of the ''dorm'' rooms, she registered her distinct disapproval of conversation pertaining to the opposite sex. She spoke with tears in her eyes: ''My mother has told me never to talk about such things or even to think about them. She has told me all the horrible disasters that result from companionship with boys. She has frightened me from ever doing it, and when I think of marriage, I grow faint.''

Upon the advice of some of her girl friends, she went to the dean for enlightenment. The change brought about was remarkable both in her behavior and in her thoughts.

Case 17. ''I was rather disappointed in my high-school life and if not positively unhappy, was at least decidedly uncomfortable mentally—that is, until my senior year. After the Christmas vacation I was chosen to play the leading part in the senior-class play. The play was very successful. I received a great deal of adoration and the desire I had always had for going on the stage became much more intense. My mild unhappiness had been compensated for by great attention to studies; as a result I was class valedictorian and became even more cocky.

''The following summer was dull and boresome, and by the time the university opened the stimulating effect of my senior success had worn off. Perhaps it was this, perhaps it was the fact that I had been living in the town in which the university I was to attend is located and had always looked with more or less awe upon the demigods in the form of faculty and leading students who held forth on campus hill, but at any rate, I found my first taste of university life disappointing. Another factor that made the opening of my university career not very joyous was the fact I did not have *many* new clothes, and social approval had almost become a mania with me. When rushing started, I was rushed by three sororities. I had no very clear idea as to just what they stood for, but I was grateful for the attention I received from them and began to feel better, and my snobbish sense of importance began to thrive. After pledging, a new era started. The transference from 'rushee' to 'pledgee' is sudden and radical; I rather resented the very authoritative air my sorority sisters began to show immediately after pledging me.

''I was told that the frat expected each of its members to be represented in some campus activity. With an all-gone feeling in the pit of my stomach, I tried out for the dramatic club and, thank goodness, I made it! This was probably the most important event of my freshman year. If I had failed to make the dramatic club, I am very sure my whole attitude would have changed. As a matter of fact, on the days preceding the tryouts, I had spent considerable time daydreaming, vividly picturing just how I would react to show these people that after all I did not mind in the least having failed to make their dramatic club.

''My sophomore year was very interesting from the psychological standpoint. I worked very hard in some close competitive tryouts to get a part in an Ibsen play. I got it. I put everything I had into the part and still the production was a failure. Naturally this failure hurt me terribly. To make matters much worse, the student who took the part of the leading man and I responded to the sentimental suggestions of the play and applied them to ourselves. The play was a tragedy; so was our affair—a tragic tragedy at the time, but now I am beginning to see that perhaps it was a comic tragedy. If things had not turned out as they did, however, it would have remained a tragic tragedy. But at the time I compensated—I think that is what it amounted to—by getting wrapped up in a course in modern drama and becoming very pessimistic and cynical.

''The instructor in this course played an important rôle in my life at this time. I admired his keenness of intellect and the analytical way in which he worked things out. Following our amateurish Ibsen tragedy in real life, I wanted this instructor to take an interest in me, but he didn't. Usually when I ventured an opinion in class, he looked at me through his glasses with an indescribable look which made me feel sorry that I had ever happened. As I look back, I am beginning to doubt whether he really did look at me in that way or whether it was a sort of an over-reaction on my part that made me think so. At any rate, he made me feel very conscious of being intellectually inferior, and I sank into low mental depths, lost interest in life, and played with all sorts of morbid thoughts.

''During the latter part of this sophomore year, I started to go with S——. Immediately life began to brighten up, much to my surprise. My cynicism, sourness, and despair began to evaporate, and by the time college closed, I had decided to continue living. The friendship and companionship of S—— had been an antidote for my incipient mental twists.''

VII

The following case is an illustration of the fact that sororities, football, and dates are not the only important ''complex''-forming influences in college life.

Case 18. Rose is a girl who appears very, very happy. Her friends say that it is easy to make her laugh, but when her case is examined closely, her outward behavior is found to be very deceitful. Apparently there is great compensation for deep wounds which are the result of her home life in the university town.

The girl, who is of high intelligence, took her preparatory work in an exclusive girls' school in the East. She has been accustomed to a very social life. She is the youngest child and a favorite with her father. At home she was very much indulged. In the university town, she is living with a relative. The home life there is very different from that to which she has been accustomed, and after two terms in college, she is a very different person from the girl she was upon first enrollment. It is not the university life at all that is responsible for this, but certain other factors that will be plain in a moment.

The relatives with whom Rose is living have restricted her social affairs to certain ''parlor amusements''. They very carefully select her friends. She is absolutely prohibited from indulging in amusements to which she has been accustomed and which she has always taken as a matter of course. As she herself says, within the last month or two she has been feeling as if she wanted to commit some diabolical act. Acts of utter devilishness are commonly the subject of her dreams. In each case these acts are directed against the relatives with whom she is residing.

Upon her return from Christmas vacation, she told her temporary guardian that she had spent most of New Year's Day in dancing. In the eyes of her critical advisor, she was ruined forever.

Four weeks before this was written, it was rumored that Rose had become engaged. At once all sorts of thoughts about scandals flocked into the minds of her relatives. As a result, she is never allowed to be free and is constantly watched. She is suspected of having let her friend be familiar and is reminded of it by having articles read to her from newspapers, magazines, and books, referring to certain loathsome acts. She has confessed that this has been carried so far that she has come to believe that she really might enjoy some devilishness.

In the preparatory school, Rose was a frank, open-hearted girl with many friends. Upon her arrival at the university, she started out to behave as she had been accustomed to in the girls' school. She was pledged to a sorority, which horrified her temporary guardian. Gradually she has become morbid, moody, sarcastic, and bitter. She has bad headaches, nightmares, and dizzy feelings upon arising. She had experienced none of these before. Still more recently, she has had long sieges of crying and shivers as if in a chill. It should be remembered that these symptoms occur especially over the week-end, when the household tension seems to be greatest.

Not long ago she made the statement: ''I love to go to psychology class. It relieves me and gives me a free feeling. It helps me to think I am not so wicked after all, but only fairly human. Since taking up mental mechanisms, I have been able to understand myself better. Moreover, my hatred for my relatives has changed into a sympathetic attitude, now that I know why they think as they do.''

VIII

Perhaps it may be objected that in citing these cases we have been guilty of selecting just those that prove our points. Accordingly we will follow with the presentation of eight cases selected, not at random, but because they happen to be eight students who left a small town one fall to attend the university together. There are three boys and five girls in the group. What is true for these boys and girls may fairly be taken as representative for the boys and girls from any town who leave to attend college or a university.

Case 19. Ethel was reported on by a schoolmate who has known her from the time they both were in the eighth grade. Ethel is described as a pretty, giggly, cute, likable girl, a little superficial. Her school work was of average quality. In her junior year in high school, a new boy entered school who was a good athlete as well as handsome. In the words of our correspondent, he ''fell flat'' for Ethel's glances. So she became more popular than ever with the rest of the students.

She came to college naturally expecting to be popular, especially with the boys, as she had been in high school. On the train en route to the university, she confided in some of the home-town girls that she expected to have no difficulty at all in securing a ''first mortgage'' on certain boys whom she mentioned and who were well known in campus activities. What was her surprise to be passed by completely by the sororities, to find the desirable boys very indifferent to her, and to be ignored by all but the ''goofiest'' boys! And so she reacted by making fun of the sororities, by losing her giggly cuteness, and by becoming so hard-boiled and sharp-tongued that her old friends began to leave her alone. In high school she was very ''prissy''; now she has lost pride in her appearance. Most of her time is spent in bragging about her high-school days and in ridiculing the other girls about their dates. Since she has been neglecting her studies, she has had time on her hands which she has spent in making a chum of a coarse, unattractive, perhaps vulgar girl, who is also a ''barb''.

As this is being written, she seems to be improving somewhat. The boy with whom she went in her last two years in high school wrote that he is coming to the university for tournament week. Immediately she began to give more attention to her personal appearance. She gradually began breaking away from her coarse chum, and she is actually cramming for examinations. Then, also, she is getting rather resigned to being fratless and dateless, is beginning to see that a hard-boiled disposition is its own reward, and is becoming more agreeable and more like her old cute, giggly self.

Case 20. Hortense is an example of the benefit that can result from college. She has had a rather hard life. Her father is dead and her mother is not very capable in money affairs and does not seem to share the intelligence and ideals that are her daughter's. Hortense has worked for her board and been away from home since she was about ten years old. As a sophomore in high school, she was decidedly sloppy in appearance and had a whining, disagreeable manner. She was not especially well liked, due perhaps to the fact that she and another girl were inseparable chums and kept away, largely by their own inclinations, from the other high-school students.

Upon graduating, Hortense went to the University of Nebraska. We have no data on her for that year. This year she is a sophomore at this university. College life—or perhaps it is just a change of mental attitude—has done a great deal for her. In place of shunning the crowd, she is with the crowd and is well liked. She is still working her way, still spends very meagerly for clothes; but in spite of this handicap, and in contrast with her high-school period, she presents a neat, attractive, carefully thought-out appearance. She is more pleasing in manner and has lost her old broodiness.

Case 21. Hilda is another girl from this same group. Her parents are illiterate Germans. Her life has been spent in an environment of hard work, thrift, and strict discipline. Her parents are opposed to a higher education. Although they are well-to-do ranchers, they have given her no help in the later years of high school and in the university. She has earned her own way and has worked hard at her lessons. She has always been somewhat different from the other girls. She looks and acts fifteen years older than she is. She is the one to whom the other girls from this village go for their ''talking cure''. She does not dance, she does not date. There has been no noticeable change in her mental adjustments since coming to college. She seems to be enjoying her meager contact with life and is not over-reacting in any respect.

Case 22. Frances was also a ranch girl. During her high-school career, she spent the week-ends on the ranch and in consequence was not prominent in social affairs. Nevertheless, she was well liked, perhaps because of her shy, wistful ways. Since coming to college and being available for week-end affairs, she has developed more self-assurance and has lost some of her sweetness in so doing. The first year of her college life was very enjoyable, and she was much the same as any girl on the campus except that she was a bit more popular than the average. Her family's financial circumstances have changed, however, and since Christmas vacation it has become necessary for her to work for her board. As a result she has ceased to take part in social acitivities. She has become careless in her appearance and has moody, blue spells, characterized by crying, a new phenomenon for her. She has become rather disgusted, so she says, with college life. In the small university that she is attending, they do not offer the particular course that she says she wants and she is thinking of leaving.

Case 23. Ruth is a younger sister of Frances'. She has always been put in the shade by Frances, who is much prettier and much more attractive, but Ruth has always managed to work hard and make the better grades. She was moderately well liked in high school, but was not at all popular with boys. This was largely due, no doubt, to her unattractive appearance and the fact that she led in her classes. After the family's financial reverses, Ruth became resigned to the situation in a very matter-of-fact way. Although never beautiful in high school and her first half year in the university, she was neat and apparently took a serious interest in her personal appearance. Now she has become slovenly, boorish, and ill-mannered. She is somewhat bitter on the subject of sororities. Yet to all indications, she takes her rather neglected existence as a matter of course; she has no confidence in herself and realizes that the hard work of life is for her.

These girls who left their home town to enter the university have not turned out on the whole so disastrously as those who thumb their noses at college life might have predicted. This is not to deny that there are innumerable cases among college students in which there is a great need for mental hygiene. Rather does it emphasize the fact that mental maladjustments are of common occurrence even among students who are not in any sense failures. Let us now turn to the three boys from this same town.

Case 24. George was very popular in high school—not particularly accomplished scholastically, socially, or athletically, but still considered a very good sort. He had a spendid class and school spirit, but never exhibited much confidence or initiative.

At the university he ceased going out socially and retired into his shell, as it were. This may have been due partly to the fact that he has a girl at home, and partly to the fact that he has followed in the trail of his friend, the independent John, who will be next described. Recently he has been pledged to a fraternity, and to all appearances this has swept away his tendencies to bad mental adjustments.

Case 25. John was no doubt the most popular boy in high school—homely, independent to the last degree, but irresistible; wherever he went people clustered about him. He was a star in athletics and very popular with girls. He entered the university in the fall and strutted about the campus with his old independent air. He paid no attention to the girls and did not go out socially. About Thanksgiving time he was pledged to a fraternity. Upon being congratulated by students from his home town he said: ''It's all right, I guess, but what's so wonderful about it?'' He confessed that he was rather afraid to go out for 'varsity athletics. The haughty independence and confidence that were characteristic of him in high school have become accentuated.

Case 26. Alfred was slow and inefficient, but was popular in high school because he was handsome and a good athlete. He failed in 'varsity athletics and has become gruff and tactless. His gruff manner has made him somewhat unpopular, and he is over-compensating by becoming more gruff and ridiculing the campus leaders.

IX

In any student body there are admittedly a few students whose mental attitude is so badly warped as to cause serious concern over their future mental health. In the cases to be cited as illustrative of this type, it may be well to state that it is very doubtful whether college had much to do with causing their present condition. It may be an aggravating influence, true enough, but it is not by any means the chief causative factor.

Case 27. Hubert is the son of a family politically prominent. His home life was one characterized by strict discipline and fervent religious rites. He has a twin brother who is especially favored by his mother.

In physical appearance, he is properly described as ''sloppy''. The muscles around his mouth are affected with a very marked tic.

He always is fortunate enough, speaking from his own standpoint, to ''enjoy poor health''. He is working his way through college, although there is no need for his doing so; he prefers to decline aid from his father. He also speaks, with a touch of pride, of two nervous breakdowns that he has suffered. He is not out-and-out antisocial, but on the whole seems to prefer his own company to that of others. Girls bother him, openly, but little. It is an exceptional day when he cannot enjoy a little serious worry. He is touchy and has a notoriously bad temper. It is usually unloosed when he cannot have his own way about things. During the serious moments in a fraternity initiation, and without any preceding rough actions to warrant it, he fainted.

On the whole the fraternity has been a wholesome influence for him. Outbursts of temper, when his wishes were denied, brought on a friendly disciplinary paddling. In spite of the strict atmosphere at home, this was a new experience. The ''razz sessions'', in which the fellows in the fraternity gather in a darkened room and confidentially, if not politely, tell their opinions of the faults and weaknesses of their brothers, were also a good experience for him. But last fall he stopped living at the fraternity house. He thought that his brothers there were unduly picking on him.

Without extended study and treatment, the outlook for this boy is not very favorable.

Case 28. Josef is of Bohemian parentage. He is twenty-two years of age, of small stature and good physique. He presents the only case discovered in the school of a well-developed, committable psychosis. He sees visions and talks with departed religious leaders.

He was born and brought up in the Catholic church, but recently has affiliated with the Latter-day Saints. He has done a great deal of welfare work and has always been active in religious and reform work. His intelligence score is very much below that of the average student. In appearance he is very studious, always immaculately dressed in somewhat ministerial garb. He invariably wears a white laundered tie. He is carrying only a half schedule, but seems to be the most scholastically busy person on the campus.

He does not trust or place any confidence in any aspect of modern life. The Masons are systematically trying to corrupt the morals of the world. The Modern Woodmen have been pursuing Josef wherever he goes. In his breast pocket he has a large celluloid Wilson-campaign button about two inches in diameter. This he says gives him authority to arrest any one for any offense that he can conceive of. As soon as he enters his room, the door is locked after him. When he leaves the room, even if only to go to the washroom, his door is again locked. He carries from fifty to one hundred dollars in bills on his person, not trusting the banks. His parents send him this money in bills rather than in a money order because he says that the Modern Woodmen control the post office.

It seems that he is working on an invention in his room. Just what it was he would not state. Asked if it were mechanical, he stated that it was. An examination of his room while he was attending classes gave no evidence, either in paper or materials, of anything that resembled a budding invention.

He wears always a staid poker face. While the other members of his class are enjoying a good laugh, his face remains as set as the Rock of Gibraltar. Although he says that he hates the Modern Woodmen and that they are his worst enemies, he showed no emotional reaction one way or another when he was introduced to a person whom he knew to be a Modern Woodman, and who had the emblem conspicuously placed.

Josef has looked upon the morals of the co-eds as extremely questionable, but when encouraged by others to attend a student affair with a "dame", he made a laborious effort to secure a date, with negative results. He explained to the men who live in the same house with him that very probably the girl did not have any dress nice enough to wear when she went out with him.

Josef gave as his reasons for attending this university, first, that it had the highest elevation of any university in the country, making it easier for him to listen to the voices of the saints from the heavens; second, that its nearness to the mountains would also make it easy for him to flee from the persecutions of the Modern Woodmen. This is a very clear-cut case of paranoid schizophrenia.

X

The young people whose cases we have been reviewing show, with but a very few exceptions, no mental adaptations that can be considered as being especially pernicious. Undoubtedly, however, most of them have been seriously handicapped for a time by these mental reactions, and some of them perhaps have been permanently injured in character and efficiency.

One is not warranted in placing all the blame for their condition at the door of the college. If the college has sinned at all, it is a sin of omission. But to one who is thinking in terms of mental hygiene, of prevention and salvage, the question immediately arises: What are the colleges and universities doing to help their young people over such crises as these? And, if one be frank, one must answer: Absolutely nothing that really counts. One finds puritancial interference, misguided good intentions, but not even an attempt at a psychological understanding of the whims and mental traits of their youthful charges. After a few years of college life—note that we do not say "because of" those years—character traits have developed in many students that will weigh more heavily as handicaps than their intellectual information and training will as assets. It is not Providence, bad heredity, or native stubbornness that has brought about these twists and kinks. They are the result of perfectly understandable mental mechanisms, and just as they have had a natural genesis, so are they also amenable to a natural treatment. Discipline committees, expulsion, flunking, public ridicule, or moral condemnation are not forms of rational treatment.

Perhaps the finished product of the college course is no more prone to pernicious mental adaptations than other young people of the same age and with the same instinctive equipment. But the colleges have utterly failed if they have merely imparted information and a semblance of wisdom, and have neglected the emotional lives and the conflicts of the students who pass through their halls. If college is to prepare adequately for life, measures should be taken to see that the students are mentally adapted to life as it is, instead of graduating *cum laude* and *cum* also bitterness, cynicism, inadequacy, emotionalism, paranoidism, and shoddy idealism. This is not a task for one whose experience has lain in remote fields of research, or for one who likes to administer wise counsel to eager youth. Rather is it the task of one who knows human nature and its frailties from the point of view of modern mechanistic psychology. It is a field of service for the psychologist or the psychiatrist.

Our institutions of higher learning are great monuments to the progress of education, but they fail in so far as they apply erudition rather than mental straightforwardness and mental adjustments that prepare their students for a healthy attitude toward life.

The students into whose intimate lives we have pried offer evidence enough on this point. There is scarcely one of them but could have been, perhaps was, brought back to more healthy mental reactions through the medium of this short study, necessarily limited since time had to be divided between teaching and research. Without undue conceit, it may be honestly stated that in the case of most of the students reported in this article, the most valuable contribution that college has made to them so far has been their talk with the writer over things in general and themselves in particular.

Until then they had been the somewhat passive absorbers of information; then they were given the essentials of an education.

SEX EDUCATION IN THE LIGHT OF ANALYTIC EXPERIENCE*

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THERE are few aspects of normal or abnormal psychology which the indefatigable labor of Sigmund Freud has failed to touch upon and clarify with his ingenious point of view and analytic method of approach. At present it seems likely that most of his theories—such as those pertaining to the unconscious, dreams, repression, and the like, which have been in the process of elaboration for over thirty years—will stand the test of time and the application of all the rigid requirements for scientific truth, either remaining intact or serving as a foundation for further investigations. Psychiatrists and psychologists have now, for some fifteen years, been acknowledging internationally and with increasing assurance the value of Freud's theories to their sciences—not to mention his contributions to sociology, art, and pedagogy—but future generations will be more particularly indebted to him for the courageous and incisive manner in which he has called attention to the manifestations of sex before the time of puberty, and to the far-reaching effects that such pre-pubertal sex interests exert in the subsequent molding of the individual's character.

In his sex theory, Freud has pointed out that the first pleasurable sensations which the infant experiences arise from the stimulation of its own mucous membranes, and that for several years following birth its main source of pleasure consists of stimuli arising from within its own body. This period of development is called the auto-erotic stage, and many of its accompanying physical manifestations, such as defecation, urination, the impulse to master, must be considered as precursive to future interests undeniably sexual.

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* Read before the American Psychopathological Association, Boston, June 2, 1923.

In addition to these indefinite manifestations, the observations of pediatrists show that numerous unmistakable sex activities normally appear before the age of six, and psychoanalysis has demonstrated that the child forms very definite theories of copulation and reproduction before that age. The child, moreover, is primarily interested in self-gratification, and although after the first infantile sex arousing, a large proportion of children pass through a period of decidedly diminished sex interest and activity, auto-erotic tendencies are not lost, and in most boys and many girls reawaken in concrete sexual form at the time of physiological puberty as physical masturbation. The child takes its own body as its first love object and generally, before passing on to the love of a contemporary of the opposite sex, chooses some one of its own sex as an actual or as an ideal object of love. Many children experience real sex contact with a child of their own sex before reaching the adolescent period. The attachment of the child to the parent in the infantile period is primarily due to physical dependencies, but as the absolute need of the child for the mother in a custodial way decreases, a tendency develops for the child's emotional attachments, often at an early age already sex tinged, to center on the parent of the opposite sex.

The child occupies itself unrestrainedly with the indulgence of its own instinctive needs and will. Most of its displeasures come from restraint and deprivation. Even during the first year of life the child is compelled to restrain its will, and the mighty, lifelong battle of the impulses against the repressive demands of education begins. It is not surprising that outbursts of anger and defiance should soon appear, originating pedagogical problems for the first time. Obviously it is no easy matter to choose the correct balance between undue strictness and overindulgence, not only in these early years, but in adolescence as well.

A certain amount of love and tenderness from his custodians seems absolutely necessary for the fullest emotional development of most children, but the amount beneficial to the average child cannot be even roughly determined. The child who comes as an unwelcome addition to the family, particularly to the mother or to households already overburdened with children, is the victim of discrimination—e.g., is obliged to wear cast-off clothing which an older sibling has outgrown—and receives more than its share of punitive discipline. Such an absence of love is not without a lasting influence throughout life, and the unloved child, unconsciously reacting to its infantile lack, becomes bitter, discontented, and resentful, and may have great difficulty in adjusting to adult love and social exigencies. On the other hand, unlimited and unwholesome leniency is the rule to the first-born, whose every will is granted and who early becomes the tyrant of the family. Indifference even to the point of neglect, however, seems far less detrimental to the emotional development of the child than inordinate coddling and a surfeit of solicitude on the part of his elders.

Any consideration of sex education should take these facts into account, and it follows that sex education is inseparably interwoven with the training of other bodily and mental functions, and should begin at the same time—namely, when the child leaves the crib. Of course, the amount of attention that should be devoted specifically to sex instruction during the first few years of life is minimal as compared with training in other directions, such as walking, talking, controlling the sphincters, but the strength of the sex impulse and its derivatives in the earliest years should not be undervalued.

If sex education is to begin thus early, the first essential for satisfactory instruction would be the commandeering of competent parents for the child. The era when that would be possible has not yet arrived, and probably will never arrive. I do not propose to expatiate upon the vicious circle that exists at present: the child is dependent for early sex education upon its parents; its parents' conceptions of sex matters are unconsciously retained from their own childhood and cannot readily be fundamentally changed so late in life; therefore, unless the child be blessed with exceptional parents, it must bear the consequences of their own faulty training. I only wish to point out that only too often parents, in an unconscious revenge reaction, do impose upon their children the very repressions that they so despised in their own childhood. Thus we find that keen analyst, Samuel Butler, in *The Way of All Flesh,* bemoaning the fact that many benevolent persons have endowed institutions for children who have lost their parents, but no one has been courageous enough to found an asylum for those wretched children who have not been so fortunate as to lose theirs. The proposal of a parentorium is a more facetious present-day variation of the same theme.

Luckily, the vicious circle is not without gaps and tangents, and while the childhood sex impressions obtained from parents are the most lasting and the most powerful because they become unconscious, they can be subsequently substantially molded and modified, especially at the momentous period of physiological puberty, through intelligent educational assistance. Impressions received long after the infantile period—at ten or twelve years and even later—have a profound effect in determining the sexual course of the individual. Nearly all neurotics, in the recital of their life's history, insist upon the enormous importance that they believe proper sex direction at critical times might have had in preventing their unhappiness and in assisting them to progress normally to a point where they could establish a successful heterosexual love, instead of reverting back pathologically, because of repression, to infantile sex interests. Their opinion in this regard must be given due weight, notwithstanding the fact that the analysis of many neurotics who attribute their failure in sex adaptation to misinformation at the period of puberty reveals these complaints to be cover memories or accentuations of isolated events or opinions that corroborate or harmonize with infantile impressions. For example, a Harvard graduate and eminently successful business man, aged fifty-four, attributed his persistence in masturbation up to that late age to a statement which he had heard while still in college that a man who masturbated would remain impotent for life and could never marry. In reality he merely utilized this chance remark to protect himself against unconscious incest desires dating from childhood and to reinforce his obedience to his mother's warning to him against "looking", which occurred at the age of eight.

The repression of instinctive trends, which is imposed upon the child to train him for the needs of civilization, soon includes the sex impulse. The little household episodes involving contact with the parents while the latter are more or less nude, an appreciation of a difference in the personal habits of the father and mother, and so forth, cannot be avoided, and while it is not desirable to overstimulate the child's curiosity, when sex-tinged occurrences come to his attention, they should be met without embarrassment and as natural events. This difficult task most parents cannot fulfill, because of their own resistances in connection with sexuality.

The vexing question as to when sex instruction should be included among the other aspects of training is usually solved by the child with some pointed allusion to sex topics or by an overt sexual act, and is best left untouched until such a time. Often this unexpected intrusion of the child's question startles his environment, as shown by the following observation on his three-year-old son reported to me by a patient, aged forty-five, under analysis for a fear of his own father, aged eighty. It serves to emphasize Freud's assertions in regard to the early origin of sex interest and theories.

The patient, who had two sons, aged five and three, expected an addition to his family within a short time. On this account, he and his wife decided to use for the new arrival the services of the nurse who had cared for both children since their birth, and engaged a governess for the growing boys. As the governess was expected to take charge in a few days, his wife decided to inform the boys of the change and the reason therefor. She told them that she was going to have a baby and that the nurse would have to leave them to care for it, just as she had nursed them when they were little. The older boy appeared indifferent to the news, but the younger, who is more alert and curious, inquired of the mother, "Where do you keep the baby?" She replied, "Mother keeps it close to her heart." Then to her astonishment he pursued his inquiry with, "How does it get out?" His question nonplused and embarrassed her, but while she was conscientiously searching her mind for an appropriate reply, he relieved her perplexity by volunteering the answer, "I guess it comes out of your rivers." (In the nursery language of this household, "making a river" signifies urination, and "rivers" is a euphemism for the penis.)

As the boy has already shown a distinct desire to force entrance into a room where he knows his mother is disrobing, the father, a Harvard graduate, questioned me as to the best method of dealing with this tendency. He significantly remarked, "I had fully determined that my boys should benefit through the misfortune and misery that came to me as the result of my own lack of sexual enlightenment, and I felt that I would be competent to instruct them when the time came—perhaps in their high-school period—but I never suspected that I could be brought face to face with the sex problem in a three-year-old." It is a fairly safe assumption that this child does not differ greatly in his actions from the father in the latter's own childhood, but the memory of infantile life under ordinary conditions does not reach beyond events that occurred before the age of five or six. The father's own experiences of a similar nature have lapsed into the unconscious. It is not improbable that what impressed the inquisitive youngster most in connection with the whole episode was his mother's reaction of confusion and shame at his question.

Even at the age of three it is a mistake to withhold or distort sexual truths from a child in so far as he is capable of grasping them intellectually. With the best of instruction the child will independently formulate and cling to conceptions of his own from truths or untruths he is told or from what he observes in the infantile period. Notwithstanding this inevitable imperfection in the scheme which nullifies good intentions, the child should not be willfully misled by implausible stories of birth, nor should he be forced to rely for his information upon haphazard, inaccurate scraps foisted upon him by other children or illiterate adults (servants) which mystify or terrify him.

During adolescence, the boy or girl is entitled to be made acquainted with the essential physiological facts of the sex life of human beings. This information should not be given through analogies with plant reproduction, which is so far removed from the child's imagery and experience as to render the entire information intangible, foreign, and irrelevant as a personal affair. The facts should be imparted simply, without investing them with an artificial aura of sacredness or secrecy. One of my patients, a cynical young man whose failure in sex adaptation had led to a suicidal attempt at eighteen years while he was in college, remarked, "I was one of those who was systematically enlightened (at twelve years). I was taught a 'few beautiful truths about nature' by my mother. I knew a lot already." (His memory of sex events dates from the age of two and a half.) "It wasn't beautiful at all. To me sex was just fun."

In spite of the fact that well-intentioned sex instruction often misses the goal, it is certain that reserve does not tend to promote confidence between parent and child, but disrupts it. The most frequent cause of ineffectiveness in parental attempts at sex instruction, aside from unconscious influences, lies in an incongruity of precept and action; parents often attempt to expound the naturalness of sex processes, but plainly exhibit their resistances to the subject in their manner. The secret that the child keeps from his parent—the imperfectly apprehended secret that he learns so young—creates a situation of distrust and embarrassment which it is difficult to eradicate in after years.

Sex instruction should be given to each child individually, privately, and specifically, at opportune moments over the period of years, roughly, from four to eighteen, with the intent of conveying the truth as to physical facts. Preferably that parent should assume this duty in the period before high school, if he or she be in the slightest degree equal to it. The moral aspects of the sex question are usually early derived from the parents' own acts and attitude in the household before the child reaches the school age. The difficulty of assigning the task to some qualified person who stands in close confidential relationship to the young child, such as the family physician, a trusted clergyman, or a favorite older relative, rests in the fact that the outsider's point of view so often clashes with that which the child has recognized as the parental. It must be admitted that in many instances no thoroughly satisfactory person for childhood sex instruction is available.

Even when the child has reached the high-school age, lectures on sex hygiene delivered to classes or large groups of either sex are not to be recommended. No matter how tactful and adept the speaker may be, such lectures fail in their purpose because of the impossibility of establishing the necessary personal contact with the hearers. In addition, no two hearers find themselves at precisely the same stage of psycho-sexual development, so that a majority of them depart from a collective sex lecture bewildered, if not alarmed, and conceal their apprehension by a fictitious levity. Many patients have stated that such lectures in high school or college served only as a stimulus to sex excitation without clarifying their dilemma. When the first intelligible sex enlightenment comes late in adolescence, after the individual has lived through many painful sex-tinged episodes, it may lead to retrospective regrets for missteps made or animosity against those held accountable for the mistakes—usually the parents. So, too, popular treatises on sex instruction for adolescents, even when honestly and judiciously written, are usually interpreted by each reader in the light of his personal experiences.

Even in the case of those who enjoy the best environmental associations, for effectual sexual enlightenment the adolescent must be granted the privilege, before it is too late, of presenting his individual conceptions and sex problems in his own terms to a capable confidant with the feeling that eventually, if not immediately, the vexing personal questions will be answered to his satisfaction. The day is not far distant, I hope, when a group of psychiatrists, with an analytic point of approach, will be attached to the staff of every high school and college, so that each entering freshman may have the opportunity to thresh out his particular psychological problems, which usually are psycho-sexual, at leisure in the consultation room. From analytic experience I think that the reclining, free-association method would be a very feasible and acceptable procedure for ascertaining the difficulties of the student and before long the psychiatrist would be able to gauge the normal amount of resistance to be encountered at any given age. Markedly increased reticence would indicate more than the average sex conflict and therefore the need for additional attention by the examiner. By this it is not to be understood that only psychiatrists trained in psychoanalysis would be available for these individualistic examinations, but certainly the approach should be made from the point of view of the subject—what he or she thinks, desires, or fears. Nor is this procedure advocated as a panacea for all problems of sex education, but many of the unfortunately inevitable conflicts between infantile psycho-sexual impressions, parental attitudes, and adolescent conceptions and demands could be reconciled, and much mental suffering and perhaps serious mental disease prevented.

It has already been emphasized how intimately the sex development of the child is influenced by his relationship to his parents. A meditated interruption of infantile emotional attachments between children and parents through alienation or separation at a reasonably early age is bound in the end to react advantageously on both, no matter how painful the process may appear at the time to either or both parties.

Sometimes pathological familial attachments are wittingly fostered and interminably protracted by selfish parents who have been disappointed in the love they expected in their own marriage relations, or who have lost the companionship of their mate through death. One sixty-six-year-old daughter, though married, had never escaped from the domination of her imperious mother, who lived in full mental vigor to the age of eighty-four. When finally freed at the age of sixty-three through the death of the older woman, she reacted like a prisoner whose long sentence has expired, and who, after a brief attempt to cope alone with the world outside, knocks at the prison door with a pathetic plea to be readmitted. This old lady found refuge in a depression which lasted up to the time of her death at sixty-six.

Children who have failed or who have been prevented from effecting a timely liberation from parental attachments continue as young adults to be disrespectful and querulous, at times hateful toward the loved parent, an attitude that reflects the child's dissatisfaction with the retardation of his own emotional evolution. In contrast to this, after the normal successful dissolution of the psycho-sexual bonds between parent and child, an equable relationship on an adult plane can be firmly established. From the aspect of character development, the importance of such a transition cannot be overestimated, for children with pathological parent attachments are apt to continue that type of personality, gaining satisfaction only from and through themselves; and when, later in life, through death or accident, they are deprived of the parental solicitude, they find themselves to be lamentable adult orphans. Thus abandoned late in life, they remain socially out of harmony with normal persons who have emerged from the stages of dependence through which, of course, each one of us inevitably passes.

The analysis of several physicians who have consulted me for neuroses of various types has served to accentuate the generally known fact that the scientific discussion of questions of sex life is not encouraged in the medical-school curricula and may be even forbidden. While the medical student is thoroughly impressed with the ravages of venereal disease, he learns nothing of the nature of the overwhelming sex force, which impels men, so often with full knowledge, to risk the danger of devastating venereal infections. He is usually given no instruction as to what may be considered normal in sex life to serve him as a standard for comparison and estimation for abnormalities, nor is he taught the far-reaching effects which deviation from the norm exercises in the production of symptoms referred to various organs of the body. Not long after graduation his advice is sure to be sought on topics of sex hygiene, and if his judgment depends only on his personal and usually limited experience, he must encounter many problems which he is inadequately trained to handle. A brief course in sexology is entitled to its place in the medical schools, not only for the purpose of equipping physicians to cope intelligently with problems of sex hygiene in the individual and the community, but to enable them also to avoid pitfalls in diagnosis where the etiology of somatic symptoms is one of psycho-sexual pathology and the treatment psychological, rather than medicinal or surgical.

METHODS OF RECREATIONAL ADJUSTMENT AS A FORM OF SOCIAL CASE TREATMENT

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THE problem of selecting and utilizing available recreational resources is the most practical side of recreational therapy in behavior problems. The cases that I have presented in this paper were encountered in the work of the Institute for Juvenile Research, Chicago. Though the resources considered are limited to that city, the problems are no doubt the same elsewhere.

It is unnecessary to say that recreational resources should be as carefully surveyed and catalogued as any other kind of resource, yet few agencies have complete information of this nature on file. An inquiry directed to thirty psychiatric social agencies revealed the fact that although six made some use of community recreation centers, they kept no records of their recreational resources. The system of cataloguing is not as important as completeness of information and facility in using it. When the recreational work at the Institute for Juvenile Research was begun in August 1920, the social-service directory of Chicago, published two years previously, was too limited and out of date to be of much value. This necessitated a survey that included the collecting of information from the chief park boards, the Chicago Federation of Settlements, the Chicago Board of Education, the Municipal Board of Parks and Bathing Beaches, Boy Scout, Girl Scout, and Camp Fire headquarters, and approximately 150 interviews with recreation leaders. The information secured has been graphically represented by a spot map and is used in connection with a card catalogue. Recreation centers are indicated by the use of pins of different colors which designate the type of agency—park, playground, settlement—rather than the type of recreation. In addition the ward divisions of Chicago are shown, the density of population, the distribution of the foreign born, and a comparative study of juvenile delinquency and recreational resources based upon juvenile-court registrations for the years 1916 and 1921. A schedule of daily activities of the recreation centers, kept up to date, is also on file.

From the standpoint of personality, the choice of suitable recreation is often a most difficult problem. For this reason it is as essential to know the directors of the recreation centers as it is to know the nature and schedule of their activities, so that one may be able not only to estimate standards of leadership, but to select persons able to carry out certain lines of treatment. For example, a seventeen-year-old boy with an intelligence quotient of 75 protested strenuously against a certain examination until it was urged that it would be helpful in the study of other boys. It seemed wise to stimulate this slight spirit of altruism, which contrasted with his usual self-centeredness. This was made possible through the agency of a club leader with sufficient discrimination to make the boy assistant leader of a group of younger boys without allowing him to assume more authority than his intelligence warranted. Whether this type of information should be kept in a card catalogue depends to a large extent upon the objectivity with which it is recorded.

Certain limitations as to the use of recreational resources often hinder the plans of the social worker. While some of these are characteristic of the present developmental stage of the recreation movement, others are inherent difficulties. The distance between the child's home and the recreation center may have a decided bearing upon placement, for when it is necessary to use a street car, the issue may rest upon one or more of the following points: age of the child; time at which it is dismissed from school; tendencies toward truancy that might be stimulated by such a trip; economic status of the family. Where placement within the neighborhood is impossible for young girls of working age, the dangers of a long trip alone at night may outweigh the value of the recreation.

Another difficulty is found in the limited scope of activities at the recreation center, which are often inadequate to the needs of the child in question. Consultations with recreation leaders and personal experiences in social settlements indicate that this situation results from an attempt to meet the needs of large groups in which "the greatest good of the greatest number" must be the determining factor. For example, an eighteen-year-old girl was referred to the Institute for Juvenile Research because of an attempt at suicide. This, in the opinion of her employer and relatives, was a ruse to attract attention to herself. The girl's dramatic recital of the occurrence and the satisfaction she derived from the attentions received while at the hospital tended to confirm their opinion. It was thought that a club with facilities for dramatic expression would prove helpful in her case, but a survey of the recreational resources available showed that there was no organized recreation in the girl's neighborhood. The nearest center, a mile and a quarter distant, had no activities of the desired nature. An amateur theatrical group was found in a settlement three and a half miles distant, but the type of work was beyond the ability of a girl in the "dull and backward group". In a settlement five miles away there was a club that sometimes gave theatrical performances of a simple type, but at that time the girls were interested in fancy work. Three other settlements had no clubs for girls over fourteen years of age.

The question of distance is not the only limitation in the placement of children outside their neighborhoods. Natural clannishness may prevent their admission into the groups selected. This is true of adolescents in general and of girls in particular. Psychologists and recreation workers are agreed that at this age "team spirit" is at its height, and in order to preserve the homogeneous atmosphere of the club new members are usually recruited by the old ones. Any other method of entering would make the child appear conspicuous. Admission to the club does not necessarily indicate admission to the circle, and isolation is keenly felt by even the dullest of children. Club leaders are of the opinion that it does little good to appeal to the generosity of the members, for when they respond to the new member, they do so with such an air of patronage that "snubbing" is almost preferable.

The situation is somewhat different in the more loosely organized gymnasium groups, where opportunities are greater for winning recognition through individual prowess. Sometimes admission to a gymnasium class may be used as an initial step toward membership in a more intimate circle. A recent development of the play movement in Chicago is the inter-settlement council, at which members of clubs discuss problems in common and arrange athletic tournaments and parties in which clubs throughout the city participate. A group of girls remarked, after one of these "meets", "Why, those girls are just as nice as we are!" Although a slight breaking down of this extreme clannishness has been observed, the general attitude of children toward group formations is the same, and at present has to be accepted.

The majority of children are reticent about their play interests, especially so when attention is focused upon them. One explanation is that many parents and teachers are inclined to minimize the necessity for recreation when it conflicts with the performance of home and school duties. Children often reflect this attitude outwardly. A good example of this is seen in a composition written by a little girl of ten, who, in depicting the life of a native child of India, said, "When they have nothing important to do, they play games." The fear of adult criticism in regard to play life is apparent in the child's tendency to assent to any hint that the interviewer may give about his recreation.

At various times the questionnaire has been used to discover latent interests, but with little success. It consists of questions on the use of leisure time, such as: "Which is your favorite game? Which games do you like to play in winter? In summer?" The answers are in written form. It has been found that the majority of children answer merely to "say something". Mr. W. H. Munson, head of the department of hygiene at Winona State Teachers' College, Winona, Minnesota, says of this method: "Children give answers to the questionnaires in too thoughtless a manner to make them of any value for investigative data. Questions of my own, answered by the same group at three different times within fourteen months, showed no constancy in nature of reply, and in many cases absolute contradictions." Dr. Lewis M. Terman, of Leland Stanford University, has recently published a form of inquiry in which the questions refer to articles of play equipment and play terminology. For example: "Snap is played with cards—dice—dominoes." For answer the child underscores the correct word. This method will undoubtedly give an insight into the child's familiarity with play activities from which it may be possible to form some conclusions with regard to his range of interests. However, it has not been tried out a sufficient length of time to make it possible to estimate the results.

At the Institute for Juvenile Research it has been found that children often tell spontaneously of their past play experiences when sufficient interest is shown by the interviewer. This makes it possible to estimate with a fair degree of accuracy the depth and extent of play interest, and is much more effective than direct questions as to preferences. Rigid adherence to the information secured is, of course, not necessary. The child may have a very limited range of interests and show a preference only for plays with which he is familiar. However, this manner of approach may result in some indication of the type of response that may be expected and suggest a starting point for the child's recreational adjustment. The recreation center has developed no special technique to discover such interests, and the club leader, in the rush of his play program, often makes assignments with little thought as to their fitness. Whether a more careful method should be used for the majority of children, as well as for the unadjusted child, can be determined only through a study of membership "turn over".

In the placement of children with behavior problems, the Institute for Juvenile Research has always been frank with recreation leaders in regard to the child's difficulties. It is poor social economy to jeopardize the interests of the entire group for one individual. Moreover, observations by the directors are naturally more pertinent when all the facts are known. This information is always received objectively and has never resulted in a child's exclusion from membership. At one settlement children from the institute are placed without regard to waiting lists. At another, a girl suffering from "peculiar breathing spells" was allowed to remain in a Girl Scout troop until the psychiatrist was satisfied that the experiment had been thoroughly tried, although this required considerable forbearance and tact on the part of the leader. At times, observations by the club leaders are not sufficiently definite to be of much assistance, but this is often due to the size of the clubs in question and not to a lack of coöperation.

The selection of the right kind of play activity is usually a simple matter for the child who ''knows his own mind'' and who is amenable to necessary restrictions. To him the question is merely one of opportunity. However, it may be impossible, for any one of a number of reasons, to place a child in accordance with his expressed interests, and a substitute placement must be considered. In this event, a frank discussion will result in fuller coöperation on his part. This method gives the child some conception of the worker's attitude toward his play life, places the relationship between them upon a plane of importance, and prevents any suspicion in his mind that something is ''being put over on him''.

The work at the Institute for Juvenile Research in the recreational placement of children has resulted in no standardized treatment in recreation for certain types, nor has the possibility of this been determined. However, certain frequently recurring factors have been observed, especially in relation to the feebleminded and some of the psychopathic types.

The feebleminded child is not the most difficult to place inasmuch as the majority of club assignments are not made on the basis of mental age. Placement is almost impossible for the adolescent child with a mental age of from eight to ten years. Recreation leaders find that the child of this type needs constant reminders to insure regularity in attendance; he is easily distracted and lags behind other members of the club; he often covers his inability to grasp the rules of the games with a boisterous manner that it requires much of the leader's time to control; he is usually the butt of the practical jokers in the group; the odds are against him in any sport of a competitive nature and he soon becomes discouraged and ceases to make any effort to keep up. So far as is known, no recreation center has provided activities especially designed to meet the needs of such children.

In response to inquiries, many recreation leaders spoke of the difficulties in placing such children in the average club group, but thought the number in any one community was too small to justify special provisions. To determine this, the record files of the institute were examined for a period of one year, and each address within a settlement area was listed. Twenty-one settlements were included in the study. It was found that 286 children registered within the year period lived within the boundaries of these settlements. The highest number for any one settlement was thirty-three, the average per settlement was about sixteen. Fifty of this group were diagnosed idiots and imbeciles, and the mental defect in the majority of the cases was such that it was easily detected. Had the survey been more extensive and over a longer period of time, the results would no doubt have revealed many more children for whom the recreation center might make some special provision. This would not require an entire change of the type of recreation now in use, but merely a simplification of play and play directions. The rate of progress could be adjusted to the child's rate of accomplishment, and competition, with his mental equals, might become an incentive rather than a discouraging element. The contention that a child for whom this provision is made will be "tagged a dummy" seems futile in view of the fact that nothing so effectually places him in that category as competition with children several years his intellectual superiors. It is possible that with tactful management and an elastic schedule, such as a recreation center affords, this unfortunate designation might be prevented.

There may be cases in which an interest or special ability in one field is sufficiently great to make possible competition, in that one line, with children otherwise superior. This was found to be true of an eight-year-old boy rated subnormal by general intelligence tests whose work in manual training compared favorably with that of boys actually older than he.

The problem involved in the recreational placement of the child diagnosed "psychopathic personality, egocentric type" is to find for him a means of self-expression with special opportunities for "showing off". Clubs with facilities for dramatic expression fit this need for girls of practically all ages and for boys until the adolescent age. While it is possible that the egocentric boy of adolescent age may benefit by dramatic expression, few organizations have found such recreation feasible because the ''average'' boy develops a self-consciousness at that age that makes him reluctant to take part in dramatic work.

Organizations such as the Boy Scouts, Girl Scouts, and Camp Fire Girls, with their definite system of ranks and promotion, may prove a worth-while experiment for the egocentric child provided he is interested in the duties that are included in the various tests. When his interest is not aroused, the experiment is likely to prove a failure because he is brought face to face with a clear-cut issue between accomplishment and failure. Unable to obtain the recognition he craves, he soon becomes discouraged from making any effort to fulfill the requirements.

The psychiatrist may discover that the egocentricity is an unconscious covering up of a personality or physical defect. In that event the child must be so placed, recreationally, that there will be little chance of having this difficulty accentuated. The egocentric child may turn all failures and rebuffs to his advantage, or he may complain that the other children ''pick on him'' and prevent his succeeding. An illustration of the first type of reaction was seen in a nutrition class at one of the park centers. The boy in question had lost a pound and a half in weight. He was chided for not having lived up to the rules for health, and was told that he would have to sit at the foot of the class, as his loss for the week was the greatest. As he took this position, he boasted to the others, ''Say, fellows, I lost a whole pound and a half last week.'' In this case the boy succeeded in changing the attitude of the other children from censure to admiration, but the teacher was, of course, annoyed over the turn of affairs.

This brings to light another difficulty in the adjustment of the egocentric child—that of securing an objective attitude from the recreation leader. The child of this type runs counter to all the good old maxims along the line of ''Children should be seen and not heard.'' He is considered a ''smarty who should be shown his place and kept there''. However, the antics of the egocentric to attract attention are often in themselves harmless, and if efforts are directed toward finding something in which he can attain recognition, the expression of this type of personality through less desirable channels might often be prevented.

From the standpoint of the group, it may sometimes be found helpful to regard this type of behavior as an asset rather than a liability and to utilize it accordingly. The greatest difficulty is always found with the child who craves to lead, but has no ability to do so. The interests of the entire club cannot be sacrificed for him, nor is the treatment sound when he is merely pampered. In such a case emphasis must be placed upon definite training in some one thing, and the child should have the aim in view kept constantly before him.

There are some egocentric children who may resent the social worker's direction in the matter of placement. In several cases at the institute this direction has been made unobtrusive by working, unknown to the boy, through the director of the club, who arranges for his membership committee to call at the boy's home and invite him to join the club. This has worked out very well, and few boys have been able to resist the subtle flattery of having their membership sought by other boys.

In the recreational placement of children of the opposite type—"psychopathic personality, inadequate type"—the emphasis is also placed upon recognition, but in this case the efforts are directed toward stimulating a desire for it in the child. If possible, the inadequate child should be placed in small groups, where competition is not keen, and where he will receive a great deal of attention from the recreation leader. No opportunity to give praise and encouragement for duties well performed should be lost. The nature of the activity will depend to a great extent upon the intelligence of the child, but possibly the "trial and error" method of selection is indicated in this type more than with the others. An associate with decided play interests who will supply the necessary motive force may prove a decided asset in carrying out this treatment. Whatever is attempted should be regarded as a "splint method", and the support should be withdrawn as the child progresses.

A boy of this type has been under the social supervision of the institute for the past two and a half years. He was referred because of refusal to go to school, crying, fears, stealing, and passive sex perversions with an older boy. During the two and a half years he has been placed at various times in wood-carving, manual-training, swimming, and gymnasium clubs. Two weeks were spent at camp in 1921 and five weeks in 1922. The interest of the club director was secured through consultations at which the boy was present and in which the play program was studied in its relations to his interests. He has participated also in outings consisting usually of five or six children. His attendance at clubs has been fairly regular and all invitations to outings have been readily accepted. Although there has been an improvement in behavior—only difficulties of a minor nature have been reported since May, 1922—this case illustrates the inadvisability of estimating results by the degree of response to the activities in question. The boy has developed no decided play interests, and it has been observed on outings that his interest is superficial and rarely sustained to the close. It is possible that a brother who has decided play interests and has been included in all plans for the patient is responsible for the regularity of his attendance at clubs and his acceptance of invitations to outings.

SUMMARY

In recreational treatment the first essential is complete information with regard to recreational resources. Few agencies possess adequate information of this sort. At the Institute for Juvenile Research a spot map with the addresses of all recreation centers in Chicago is used in connection with a card catalogue and has been found indispensable in recreational placement. Personal contacts with recreation leaders is as essential in placing cases with personality problems as knowledge of recreational resources.

The chief limitations of recreation centers, from the standpoint of social case treatment, are their scarcity, the narrow scope of their activities for behavior problems, and the natural clannishness of neighborhood groups.

Children's play interests are best ascertained by means of personal interviews on actual play experiences.

Recreation leaders must be told frankly the problems involved with the child to be placed.

Special recreation problems occur in all special types of personality. For the feebleminded, simplified play under direction, with children of similar intelligence, is most successful; for the egocentric, play with opportunities for "the limelight"; for the inadequate, small-group play with special encouragement.

THE PSYCHIATRIC POINT OF VIEW IN SOCIAL WORK

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THE psychiatric social worker has been so busy proclaiming her existence and staking off her claims in the social field that she has not always taken time to consider what she would do with her conquered territory. The preliminary challenge that the rest of the fraternity issued she answered to some extent by pointing out as the distinguishing tool in her equipment her possession of a "psychiatric point of view". For a beginning this was a sufficient revelation to establish the new guild. The regular case-worker gladly yielded room to any one able to discern in cases with which she had failed the existence of nervous and mental abnormalities accountable for the failure. She was relieved to turn over such cases to experts in handling them and merely to follow with friendly curiosity operations governed by the new technique. The propaganda of the psychiatric movement led her to expect, not only a different diagnosis, but a revolution in methods and miracles in results as well, and certainly what she beheld of real achievement in the new field gave her some justification for these expectations.

However, as social workers in general have observed developments in psychiatric case-work, they have become increasingly doubtful as to whether it constitutes a new method. Does this "psychiatric point of view" mean much more than a trained flair for symptoms, a flair that any case-worker might readily acquire in a few odd courses and some miscellaneous browsing in popular handbooks of psychiatry, psychoanalysis, and pseudo-psychoanalysis? For as far as some of these most liberal critics can see, psychiatric case-work involves no radical departures from the canons of treatment they themselves have laid down. Has the psychiatric case-worker only added unto a superficial case-work training a nose for symptoms and a tongue glib with *clichés?* What remains of the boasted distinction of the psychiatric worker after the regular social workers have picked up "inferiority complexes", "repressions", and "defense reactions" as part of their general sophistication, the inevitable result of the present boom psychoanalysis is enjoying? If, as it appears, the new method is merely the old method, now no longer formidably clad in psychiatric jargon, why should the psychiatric social worker's performance not be subject to the same criteria as the regular's? After all, what future has psychiatric case-work apart from that of regular case-work?

The psychiatric social worker, however insistent she may be about having a free hand to develop her technique, is herself often puzzled as to what she shall do with her freedom. Nominally she is subject to no restraints except those imposed upon her by the psychiatrist with whom she works. Her independence she owes to him and his generous endorsement of her as an indispensable assistant. He and the psychologists give her diagnoses and help her to interpret them in general terms of social treatment, but to an astonishing extent they have come to rely upon her own judgment and initiative for the actual control of follow-up. The average psychiatrist has found his lay worker so essential for social knowledge of his patient and so useful for supervision that he does not think it necessary to regulate her case-work technique, but accepts it as he expects his own technique to be accepted. The fact that with her coöperation he has scored results impossible without her case-work has made him assume that the province of case-work is one naturally to be considered her own. Moreover, the tasks that he assigns her are those common to every social worker's problem—the reëducation of attitudes and the reshaping of a stubborn environment to the needs of the particular case; and though she must contend with these tasks in aggravated form and from the subjective angle, he believes that her special case-work equipment fully qualifies her for the undertaking.

The average psychiatric social worker has no illusions about her competence, for she is too often confronted by the impossible in her cases to overrate the value of her present technique. She so frequently resorts to blind experiment or acts on unauthorized inspiration that she cannot easily forget in what a primitive stage of evolution her whole art is. She scores her signal, saving successes or she would not survive to experiment again, but she sometimes realizes that she has no better explanation for these than for her failures. When she reviews the record of her work, she cannot formulate from it any new principle of action, although she has fumbled through a procedure which she knows to be new and in its essence derived from her psychiatric point of view. The procedure itself remains intangible, and what help does her mere conviction that it exists give her in the impasse she has reached? Does it exist if she is unable to record it? Or has she ever really attempted to record it?

How far, indeed, has the psychiatric social worker adapted record making to meet her special needs? Certain mild innovations she has made, usually, however, of a purely descriptive sort and primarily in the interests of diagnosis. She introduces intensive personality studies of the *dramatis personæ,* she gives greater heed to individual reactions, but these she intends rather as a definition of the material with which she deals than as a record of the dynamics of treatment. The regular social worker has taught her to set down the details of medical treatment and the external adjustments she achieves in the environment; she frequently records reactions to material changes of this sort, but in content and form she follows the standards set by and for the rest of the fraternity. As it is commonly written, her record indicates the use of little beyond regular case-work machinery, and its conventional character is the score on which other case-workers base their right to criticize her practice of their art. When she actually subscribes to their technique, how are they to judge of those differences of perspective and purpose which she defends as fundamental to her point of view? That she demands unusual concessions of the environment for the benefit of her client, that she gives insufficient attention to the family as a whole and is prone to neglect ordinary physical adjustments, are criticisms that arise not only from a misconception of her aims, but also from the absence in her records of positive indications of a different method and another goal. How can she develop a different method and work toward another goal if the psychiatric point of view as a principle of action is too nebulous for detection in her records, and if its operation is chiefly apparent to other case-workers in the disregard of cardinal articles of the regular case-work creed?

The psychiatric social worker knows that the practical application of the psychiatric point of view means that the main emphasis shall be put on the relief of psychic tensions and the redirection of misguided energies. She knows that any "plan" she imposes will be irrelevant and that she must instead content herself with freeing her client so that he may plan wisely for himself. For this there is no royal road; she cannot draw on any such bible of practice as Miss Richmond's *Social Diagnosis;* she must use her own empirical method for details with which the psychiatrist cannot be bothered. Yet the reverence she pays to the ordinary prescriptions of record making results in her omission of all those subjective elements in her case-work on which her psychiatric aims peculiarly depend. And the most striking result of her subservience to the rules is the elimination from her record of herself and her reactions. Though she determines the equation, she modestly remains an unknown quantity and takes care that, however much she may be suspected of a part in the action, at least she will not be caught red-handed in it.

If her method is primarily a subjective one and if her success turns on the relationship she establishes between herself and her client, how can she so utterly suppress herself from her record and yet give a responsible account of what she is about? How can she even keep track of so delicate a process if she eliminates one-half of it from the record? How can the psychiatrist or any other interested reader tell to what sort of personal treatment clients are responding or failing to respond? As long as the case-worker remains a power behind the throne, she deprives her collaborators of any just notion of her influence and its effects. If all concerned were in real agreement about the one and only way to deal with any human experience, the recording of the psychiatric worker's ways and means might be superfluous. But when there is no consensus of opinion about either psychiatric methods or psychiatric ends, the worker can retain her own orientation and contribute toward that of others only by more faithful recording.

As it is, much of her psychiatric accomplishment remains incomprehensible. The reader of her records finds no trace of her subjective efforts, and so their results, when chronicled, startle and baffle his powers of understanding. Unexpected changes of character are wrought in the main personages—a resistive bully turns lamblike and coöperative, a malicious child is converted from a pariah into a social favorite, a drunken loafer is recalled to his family duties—and these miracles are as inscrutable as if no psychiatric social worker had struggled to bring them about. How did she achieve a change of attitude in a specific case? On what basis has she worked a given transformation? How are her results to be measured unless she tells us as definitely as possible what speech and action produced them? She may win the coöperation of a hostile parent "by explaining the patient's case to him", but from such a statement can we guess how she has done it and how much she has done? Did she simply frighten the man into submissive coöperation? If she did, is this the beginning and end of her work? Or is his change of attitude merely a change toward her, effected by her winning personality? Is the change a sudden shift of mood or an essential difference in attitude which makes the "concession" that she is thus wringing from one of the factors in the patient's environment a fine contribution to the whole family's welfare? How are those working with her to know how much they can build upon her work and whether it was justified in methods or results unless she holds herself accountable for every detail of treatment?

Without a doubt it is the apparent triviality of this detail that makes case-workers decide not to clutter up their records with it. The psychiatric case-worker may not dismiss it as trivial, but she has received her training in record making from regular social workers and feels decorous only in recording the operations in which regular social workers deal. Yet the opportunities for establishing in a client a healthy self-respect, a normal sense of responsibility, and average social initiative usually present themselves in incidents almost too insignificant to record, and so as a rule they are not recorded unless they have an anecdotal interest. Even when they are set down for their "story" value, there is no obligation to record how they were handled or whether they were handled at all.

The psychiatric social worker, if she really is cultivating new and better powers of self-direction in her clients, should be producing record material of value to all social workers interested in dealing with detrimental social attitudes in a more subjective way. To the psychiatric social worker, closely associated with the medical experts in this field and able to concentrate all her energies on the problem of making subjective adjustments, belongs peculiarly the task of experimenting with and formulating case-work methods for dealing with the inner life of her clients. She has always been aware that this task presumably means a freer method than that of the regular social worker, but her evasions of the issue in record making and her dependence on the accepted form and content of records have compromised the development of her technique and delayed the formulation of any general principles of psychiatric procedure. If she assumes full responsibility for all her experimentation, fumbling as it may have been, she might have tentative answers to some of the moot questions of case-work ethics. For there can be no doubt that the psychiatric movement has interested the whole profession in the possibility of more personal, individualized treatment and has stimulated in many non-psychiatric workers the conviction that the future of case-work in general lies in its assimilation of the subjective point of view and the subjective method. Of what help to the future, however, is the psychiatric social worker who keeps her laboratory methods to herself? She may have her own ideas on such much debated questions as the use and abuse of the authority vested in her, but she makes no contribution if she has never indicated in her case records when she kept her hands off and why. If she decides to let a client choose between his will and her opinion, if she contrives to make him see his own responsibility for his choice and leaves him his self-respect even in making what seems to her the wrong choice, why should she omit to mention the discussion? Is she afraid that its unfortunate result may convict her of poor "supervision"? Hasn't she failed to set down facts that deprive not only the psychiatrist, but the whole fledging profession of psychiatric social workers, of material they need for the evolution of a better, surer technique?

When the psychiatric case-worker gives us records of subjective treatment—the explanations, arguments, persuasions, and compulsions in which she deals, the fluctuations, lapses, and complete blocks in response that she encounters—we shall have the beginning of a literature from which we can formulate more general methods and standards, by which we can test the validity of our preconceived ideas, and from which we can salvage all the little subtleties and inspirations that make for a finer art. The psychiatric social worker will have to take courage and confess her ignorance, but after all it is an ignorance universally suspected, if not acknowledged, and it is only to be alleviated by complete exposure. Franker records will prove to the sceptical that the psychiatric point of view is not simply a talent for applying long labels to certain types of behavior, but rather a new vision for progress in case-work.

THE MENTALLY RETARDED CHILD IN THE PUBLIC SCHOOLS*

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FROM the point of view of education it is important to know the number of children in our schools who are feebleminded. The term ''feebleminded'' as used by the American Association for the Study of the Feebleminded ''includes all degrees of mental defect due to arrested or imperfect mental development as a result of which the person so affected is incapable of competing on equal terms with his normal fellows, or of managing himself or his affairs with ordinary prudence''.[1]

This definition is substantially that of Tredgold, who, basing his estimate on the report of the Royal Commission, arrives at the conclusion that in England about four persons per thousand of the general population are feebleminded; and these are the figures that are usually quoted in estimating the number of feebleminded in the United States. The number is usually stated at four or five hundred thousand for the country as a whole. In this connection it is interesting to note that as a result of the psychological tests given in the United States Army, the psychologists recommended about five men per thousand for discharge on the ground of inadequate intelligence.

But the surprising thing is that when we turn to the school, we discover that about 2 per cent of the school children or twenty per thousand are considered to be feebleminded; that is, the percentage of feebleminded is estimated to be four times as great in school children as in the general population.

While the death rate is doubtless higher among feebleminded children than among normal children of the same age, it is not sufficiently higher to account for the remarkable difference of fifteen per thousand. Neither can it be accounted for on the grounds that feebleminded children outgrow their mental retardation, since feeblemindedness by definition precludes that possibility, and surely we have no reason for thinking that feeblemindedness is increasing at such a rate as to account for this great difference.

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* Read at the Forty-seventh Annual Meeting of the American Association for the Study of the Feebleminded, Detroit, June, 1923.

[1] *Backward and Feebleminded Children,* by E. B. Huey. Baltimore: Warwick and York, 1912. p. 6.

Evidently the extent of feeblemindedness in the adult population has been underestimated, or the extent of feeblemindedness in the school population has been overestimated, or both.

Some light is thrown on this question by noting the early use of intelligence tests in this country. Goddard translated the Binet-Simon tests and tried them out on the inmates of the institution for the feebleminded at Vineland. He found that some of the inmates who were unquestionably feebleminded tested as high as 12 years, and had a mental retardation of only three or four years. But upon testing the children in the public schools of Vineland, he found 3 per cent who tested 12 or less and had a mental retardation of four years or more. From these facts he drew the conclusion that 3 per cent of the pupils in the public schools of Vineland were feebleminded.

Psychological tests given to school children in other cities seemed to confirm Goddard's findings that at least 2 per cent of the school children were mentally retarded three years or more, and the assumption that they were feebleminded seemed to find confirmation in the fact that they were not able to do the work of the regular grades. Special classes were recommended to make provision for their education, and thus the special class has come to be regarded as a place for feebleminded children only.

That the percentage of feeblemindedness seemed to be four times as great among children as among adults was accounted for by the fact that in the Binet tests we had an instrument by means of which we could measure the intelligence of children much more accurately than we could that of adults.

But it does not follow, because we find in an institution for the feebleminded some children with a mental retardation of only three or four years, that all public-school children who are retarded to that degree are feebleminded, any more than it follows that since all men are bipeds, all bipeds are men.

Terman placed the average mental age of the adult population at 16. Since a mental age of 12 years is usually taken as the upper limit of feeblemindedness, there is a difference of only four years between the intelligence of some of the feebleminded and that of the average normal adult, as estimated by Terman. But since about 20 per cent of the adult poulation have a mental age of 12 or less, assuming that intelligence in its distribution conforms to the normal surface of frequency and that 16 is the average mental age of the adult population, it is evident that lack of intelligence is not the determining characteristic of the higher grades of feeblemindedness.

In this connection, it should be borne in mind that the final criterion of feeblemindedness is the social-economic, not the psychological, as the latter has value only as it correlates with the former. For surely no one would call a person feebleminded who competes on equal terms with his normal fellows and manages himself and his affairs with ordinary prudence, no matter what his mental age might appear to be as measured by psychological tests. In other words, we are not justified in making the diagnosis of feeblemindedness on the basis of mental age alone, for there does not seem to be much question but that emotional instability is just as important a factor, and in many cases a much more important one, than inferior intelligence. But in selecting school children for our special classes, inferior intelligence has been the determining factor. All feebleminded children, it is true, have inferior intelligence, but not all children of inferior intelligence are feebleminded. This means that the special classes in our public schools contain many children who are not feebleminded, even though they have an intelligence quotient no higher than many of the feebleminded. Enough placement and follow-up work has already been done with special-class children who have left school to establish this point beyond a reasonable doubt.

In my judgment it is highly desirable that we cease to regard special classes as merely classes for feebleminded children.

The prevailing view, crystallized by legislation in certain states, is to the effect that children retarded three years or more should be put into special classes. Unfortunately in many places the converse of this is thought to be true—namely, that unless a child is retarded three years, he should not be put into a special class. This is unfortunate, as we have every reason to believe that failure in the case of a subnormal child is just as deadening as it is in the case of the normal child. With initiative and interest largely destroyed by repeated failure, the subnormal child is turned over to the special-class teacher. Small wonder that she has failed to produce the results many have expected of her. During the last ten years there has been a shift in emphasis, from adolescence to the earlier period, as we have learned that adverse influences brought to bear on the child during the early years of life are lasting in their effect.

We are in no position to be positive in regard to the limitations of the mentally retarded child until, from the beginning of his school life and as much earlier as possible, we succeed in giving him a type of training that is as well suited to his needs as the regular course of study to the needs of the typical child.

In Detroit, all children entering the first grade of the public schools are given a group intelligence test and on the basis of this test they are tentatively classified for purposes of instruction into three groups known as X, Y, and Z. The 20 per cent that test highest are placed in Group X, the next 60 per cent in Group Y, and the lowest 20 per cent in Group Z. The teachers are instructed to shift pupils from one group to another just as soon as they find they are not properly classified. Pupils in the Z group who are not able to do the work of that group are given an individual psychological examination and placed in special classes, provided the psychological test confirms the judgment of the teacher. By this method the mentally retarded child is put into the special class before he has become discouraged through repeated failure.

But it may be suggested that in taking children from the first grade we are bound to make mistakes and get into our special classes some that do not belong there. True, that does happen. But even in that event no injustice is done the child, for while he is in the special class he is taught by a teacher who is equal in ability to the regular-grade teacher, and who in addition has been specially trained for teaching exceptional children and has only about half as many pupils to teach as the regular-grade teacher. Such a pupil is returned to the regular grade as soon as the special-class teacher discovers that he does not belong in her group.

Our aim in the education of the special-class child is to make him a law-abiding member of society and to enable him to become wholly or partially self-supporting through engaging in unskilled labor. The folly of attempting to make skilled laborers out of this type of individual, when 20 per cent of the normal population gainfully employed are engaged in unskilled labor, is self-evident.

While it may be true that the mentally retarded child is a potential sinner, it is equally true that he is also a potential saint, and whether he becomes a saint or a sinner will depend in large measure upon the type of training he receives in the home and in the school. And in his education the emphasis should be placed primarily upon the acquisition of right habits, and only secondarily upon the acquisition of knowledge.

The special classes in the public schools of Detroit, including more than 2 per cent of the pupils enrolled, are of two kinds: Special A for boys and girls under thirteen and one-half years of age and Special B for pupils from thirteen and one-half to sixteen years of age. In Special A, boys and girls are taught in the same class and these classes are located in the regular public schools. In Special B classes, the boys and girls are separated. The work in these classes is gradually being centralized in order that the departmental plan may be followed, and in order that a more varied course of study may be offered than is possible when one teacher is expected to teach all subjects. In the girls' center, in addition to physical education and the usual academic work, training is given in sewing, cooking, general household work, and cafeteria work. In the largest boys' center, training is provided not only in physical education and the usual academic subjects, but also in carpentry, auto mechanics, toymaking, drafting, household mechanics, and the use of the lathe. Provision is made for each boy, as far as his ability permits, to take work in each one of the subjects named. After he has covered the field, he is allowed to concentrate on the particular kind of work in which he is most interested. It may be suggested that after all we are attempting to make skilled mechanics out of these boys, but this is not the case. If this type of boy is to compete successfully with normal individuals in unskilled labor, he must receive a training that will prepare him for such competition. He must know something about machinery if he is to run an automatic machine in a manufacturing plant; he must know how to use tools if he is to become a carpenter's assistant; he must have some specific training if he is to be a plumber's helper; he must have some training in household mechanics if he is to be successful in the performance of odd jobs. By giving him this diversified training we make it possible for him to compete on equal terms in unskilled labor with the normal person who has not had such training. Furthermore, we make it possible for him to perform unskilled labor in several different fields instead of limiting him in a large measure to one field, as would be the case if we merely trained him to run a certain kind of automatic machine. The advantage of the more general training is seen when times become hard, for then the opportunities for the unskilled laborer are more restricted in some fields than in others.

Granting that the mentally retarded boy has been given such training that he has the strength and skill necessary to engage in unskilled labor, still he could not hold a job unless he went to work regularly day after day, unless he were there on time, unless he obeyed orders, unless he stuck to the job until it was finished, and unless he could get along well with his fellow workmen.

But these habits, which are fundamental to success in any vocation, are the very ones that are essential to success in school work. And yet how often our teachers fail to be much concerned if a pupil is irregular in attendance or comes late to school. If he has a good excuse, the teacher is satisfied, failing to realize that the boy is slowly forming a habit which will be his undoing when he goes out to work. How often our teachers will repeat instructions simply because the child was not paying attention. How often they tell a child over and over to do a thing before he does it. In so doing, they do not recognize the fact that they are directly responsible for the formation of habits which, if persisted in, will keep that child from ever becoming a self-supporting member of society.

With the mentally retarded child, the habits he forms determine his future to a much greater extent than does the knowledge he acquires while in school. But on the other hand, this does not mean that the mentally retarded child is not to participate in the wisdom of the race to the limit of his ability; it simply means that his saturation point is more quickly reached in the field of understanding than in the domain of habit. Through the formation of right habits, he may do what is right and refrain from doing what is wrong without being able to give any reason why certain acts are right and certain other acts are wrong.

By continuing to select from the first grade those pupils who are failing in their work and stand lowest in intelligence, and by putting them into special classes where they are taught by experienced teachers who have had special training in the teaching and study of exceptional children, I believe that it will be possible for us to pick out 80 to 90 per cent of the children who, because of inferior intelligence combined with emotional instability accentuated by adverse home conditions, are likely to become a menace to society. And this can be done before the children have actually become violators of the law. In other words, we could select from our special classes the children who stand most in need of institutional treatment while yet young enough for the institution to do something with them. On the other hand, there does not seem to be much doubt but that many children sent to institutions for the feebleminded and now paroled might have remained at home and been educated in the public schools provided they had been put into the special class from the beginning of their school life.

However, until we have secured much fuller information on the successes and failures of mentally retarded pupils who have been educated in our special classes, and in the light of that information have modified our courses of study and methods of instruction so as to increase the successes and reduce the failures, we are in no position to state positively what the special class can or cannot do.

But it is evident that the problem of the mentally retarded child is of such magnitude and touches so many different agencies and institutions that its solution becomes a coöperative enterprise involving the courts, the schools, the state and private institutions for the feebleminded, and all social and philanthropic organizations that are interested in the welfare of unfortunate children.

THE MENTAL HEALTH OF 581 OFFSPRING OF NON-PSYCHOTIC PARENTS*

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ROSAMOND CLARK

IN a recent issue of MENTAL HYGIENE the mental health of the offspring of a number of dementia-praecox parents[1] was discussed. The present paper gives the results of a control study of the offspring of non-psychotic parents. The material was gathered from the married patients who came to the Peter Bent Brigham Hospital Outdoor Medical Department. These patients were questioned by the special social worker, Miss Clark, with regard to their children. No selection was made of the families. The patients gave the information willingly. They seemed interested in talking about their children and, too, they appreciated highly what the hospital is doing for them and were glad to accede to any of its requests. They represent the laboring class who turn to dispensary aid in the emergency of illness, and are comparable economically and educationally with the persons who would go to a state hospital for advice about neuropsychiatric problems. Many of them are foreigners, Jews and Italians, though Irish and Americans predominate. No parent had been to a state hospital.

Data were collected on 581 children, the offspring of 145 matings, representing an average of 4 children per mating.

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* As in our study of the mental health of 463 children of dementia-praecox stock, Miss Rosamond Clark had entire charge of the collection of the data in this paper. We wish to express our appreciation to Dr. Joseph B. Howland, Superintendent of the Peter Bent Brigham Hospital, who saw the value of a control study and arranged that the medical outdoor-department patients could be interviewed by Miss Clark. We thus secured comparable data for patients on the same economic levels as patients at the Monson and Boston Psychopathic Hospitals, and much time usually consumed in home visits was saved.

[1] See *The Mental Health of 463 Children from Dementia-Praecox Stock*, by Myrtelle M. Canavan, M.D., and Rosamond Clark. MENTAL HYGIENE, Vol. 7, pp. 137-48, January, 1923.

The following table gives comparative figures with regard to the progeny of epileptic,[1] dementia-praecox,[2] and non-psychotic parents:

TABLE I.—COMPARISON OF CHILDREN OF EPILEPTIC PARENTS, PARENTS WITH DEMENTIA PRAECOX, AND NON-PSYCHOTIC PARENTS

	Epileptics		*Dementia praecox*	*Non-psychotic*
	Echeverria	Thom	Canavan	Canavan
Number of matings	136	117	136	145
Number of children	531	431	463	581
Normal	105	238	295	355
Died	222	151	86	81
Epileptic	78	14	0	0
Insane	11	2	5	2†
Feebleminded	18	14	4	10
Backward	*	*	12	12
Nervous	*	*	12	12
Physically diseased	*	*	17	101
Cases of conduct disorder	*	*	36	8

* These conditions were not discussed in the Thom-Walker study.

† One of these cases should properly be classed as pre-psychotic.

In Echeverria's study[3] of the offspring of epileptics, the death rate was high—more than a third of the total number—while in the offspring of the non-psychotic parents less than a seventh succumbed, and the number of normal children is in inverse ratio to the deaths, while the total number of epileptics, insane, and feebleminded drops noticeably among the progeny of the dementia-praecox and non-psychotic parents.

The backward and nervous are equal in numbers among the offspring of the dementia-praecox and the non-psychotic parents. The cases of conduct disorders are higher among the children of the psychotic—nearly five times as high—perhaps because of lack of home control, but there are more cases of physical disease among the offspring of non-psychotic parents. The death rate, however, is lower—81 out of 581 as compared with 86 out of 463. Our findings with regard to the 81 dead children in the non-psychotic group are given in the two following tables:

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[1] These data were taken from a study by Douglas A. Thom, M.D., and Gerna S. Walker, "Epilepsy in the Offspring of Epileptics", in the *American Journal of Psychiatry,* Vol. 1, pp. 613-27, April, 1922. See also "Marriage and Hereditariness of Epileptics", by M. G. Echeverria, *American Journal of Insanity,* Vol. 37, pp. 177-216, October, 1880.

[2] See note 1, p. 770.

[3] *Marriage and Hereditariness of Epileptics.* See note 1 above.

TABLE II.—AGE AT DEATH OF CHILDREN OF NON-PSYCHOTIC PARENTS

Under 2 years	54
2–5 years	11
6–10 years	6
11–15 years	4
16–20 years	3
21 years or over	3
Total	81

TABLE III.—CAUSES OF DEATH OF CHILDREN OF NON-PSYCHOTIC PARENTS

Birth accidents	9
Other accidents	4
Starvation or malnutrition	6
Heart lesions	4
Infections	51
Unknown	7
Total	81

The following table gives the ages of the 500 living children in this group:

TABLE IV.—AGES OF LIVING CHILDREN OF NON-PSYCHOTIC PARENTS

Under 6 years	102
6–10 years	104
11–15 years	118
16–20 years	92
Over 20 years	84
Total	500

In our previous report,[1] we advanced the not novel idea that "any group of children would necessarily disclose frequent instances of the minor difficulties and disturbances of childhood, such as overgrowth of tonsils, adenoids, eye and ear defects, or sources of peripheral irritation". In the present group there were 101 cases of physical disorders. The most common difficulties were diseased tonsils and adenoids, malnutrition, and asthma. The most exceptional finding was a case of alcoholic cirrhosis of the liver in an eleven-year-old boy; other spectacular findings were Hodgkin's disease, mitral lesions, and two cases of "gassing".

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[1] See note 1, p. 770.

Among the children under six, many were not of school age, but of those over six no one was out of school—not even the alcoholic-cirrhosis patient—on account of his physical handicap; and of those physically diseased who had left school, every one was working except the two soldiers who were "gassed" in the war, a normal-school graduate who had not found a position, and one or two of the girls, who were married.

Ten children were feebleminded, six more than were found among the offspring of the praecox parents. Especial interest centers around one who was sent from the Boston Psychopathic Hospital to the epileptic colony with a diagnosis of feeblemindedness before convulsions began. The others, except one—the seventeen-year-old, who is working and earning $9 a week—will eventually probably become institutional cases. The following table gives the outstanding facts with regard to the 10 feebleminded children:

TABLE V.—SUMMARY OF FINDINGS ON THE 10 FEEBLEMINDED CHILDREN

Age	*Difficulty*	*School grade*
3 years	Does not talk Does not resist	None
8 years	Backward in reading Clings to mother	Repeating second
11 years	In first grade 3 years; I.Q. 50	Dismissed at 10 years, unable to learn
11 years	Has repeated four grades	Ungraded class
12 years	Speech defect	Special class
13 years	Has repeated four grades	Fourth
14 years	Has repeated three grades	Sixth
14 years	Cannot learn Has repeated three grades	Fourth
16 years	Convulsions Cannot read or write	None
17 years	Has repeated two grades Left school at 16 years	Special class

The backward children are almost more worrisome than the frankly feebleminded; like a late spring, one can hardly tell what they will develop into, and those belonging to the same family may to some extent have emulated one another in the home. What will become of these backward ones is a problem, but no doubt minor, unskilled positions await them. Two are already employed. One, seventeen years old, is earning $9 a week as an office boy; the other, twenty years old, is earning $18 a week. Table VI gives the data on these cases:

TABLE VI.—SUMMARY OF FINDINGS ON THE 12 BACKWARD CHILDREN

Age	*Difficulty*	*School grade*
*6 years	Slow in school	Repeating first
7 years	Attention defect	Repeating first
9 years	Attention defect	Third
*11 years	Unascertained	Fourth
11 years	Unascertained	Fourth
12 years	Has repeated first grade; I.Q. 75	Fifth
*13 years	Has repeated 2 grades	Sixth
13 years	Has repeated 3 grades	Fifth
*15 years	Left seventh grade at 15; 2 years retarded	None
*17 years	Graduated from grammar school at 16	None
17 years	Three years retarded	First year high school
†20 years	Left school at 15 in sixth grade	None

* The 5 cases thus indicated are siblings.
† Was in the army.

The 12 "nervous" children do not show such an advanced state of nervousness as to interfere with school work. All of the five over twelve years old are employed, but the two who have received the diagnosis of psychoneurosis do not earn as much as the others, one of them, the seventeen-year-old, receiving $10 a week, and the other $14, while one of the others, the twenty-three-year-old, is earning $18 a week and the other two $30. Table VII summarizes the findings in these 12 cases:

TABLE VII.—SUMMARY OF FINDINGS ON THE 12 "NERVOUS" CHILDREN

Age	*Difficulty*	*School grade*
*4 years	Congenital syphilis	None
5 years	Impressibility poor	First
6 years	Whines and cries	Second
*7 years	Congenital syphilis	First
7 years	Excitable since auto accident	Second
10 years	Jerky movements	Fifth
12 years	Irritability (transient)	Eighth
17 years	Psychoneurotic	Left in second year high school
18 years	Stutters	Left in second year in college
20 years	Psychoneurotic	Graduated grammar school at 14
21 years	Suggestible	Left in third year high school at 15
23 years	Twitches in pregnancy	Left seventh grade at 15

* The two children thus indicated are siblings.

In the small list of conduct disorders, trespassing and truancy, expressing protest against constituted authority, show most clearly, perhaps due to the fact that most of these children are at the self-assertive age. The 3 over fourteen are employed. One, the seventeen-year-old, earns $30 a week; the other two are in the U. S. Navy, earning $30 a month.

TABLE VIII.—SUMMARY OF FINDINGS ON 8 CASES OF CONDUCT DISORDER

Age	*Difficulty*	*School grade*
9 years	Trespass	Fourth
13 years	Minor misbehavior	Seventh
13 years	Trespass	Eighth
14 years	Truant	Fifth
14 years	Trespass	Second year high school
17 years	Crime against property	Left seventh at 15
19 years	Truant	Left in sixth
22 years	Trespass; immoral	Left in seventh

We have considered it worth while to discuss at a little more length the two cases diagnosed psychotic.

Case 1.—This boy of twenty-three was reported in his Boston Psychopathic Hospital history (No. 17252) as being always near the foot of his class. He was two years older than the average child when he graduated from the grammar school.

He was variously employed after he left school—as messenger boy, clerk, laborer, bus boy, bell boy—but he was *never able to hold a position* more than a couple of months as he could not get on with his employers, so that he was idle a great deal of the time. He always appeared ill nourished.

He enlisted in the army before 1919, but after four months he was discharged against his own wishes because of some disability. In 1919 he again enlisted in the Army of Occupation, but found that he ''could not stand it'' as it was making him so nervous. His family, therefore, got him out after ten months, on the ground that he was the sole support of the family.

On his return to America, he complained of his throat and got nervous all of a sudden. Examined at the Boston Psychopathic Hospital, he was found to be suffering from depression, insomnia, and auditory hallucinations, and he had a pronounced aversion to females and a marked sense of physical inferiority. He was transferred to the Foxborough State Hospital, where a diagnosis of dementia praecox, catatonic, was made. He is still a resident there. The Foxborough diagnosis sheet, justly pointed out with pride to visitors to the hospital, is appended to show the kind of work done there, and to indicate the effect his type produced on the minds of the physicians.

> DIAGNOSIS.—*Dementia praecox, hebephrenic type,* occurring in a white male twenty-three years of age, of American birth and Jewish parentage. Patient from early childhood is said to have been seclusive, of a shut-in type, and is said to have had a very marked feeling of physical inferiority, feeling that he was frail, delicate, and unable to do things which other children of his age did. As he grew up he felt unable to work steadily and was never able to hold a job for more than a few weeks or a month or two at a time, he apparently becoming discouraged and giving up, believing that he had failed in everything that he attempted. Tried to compensate by enlisting in the army twice in the hope that he might get ''built up''.
>
> Psychosis was of very gradual onset, is probably of three years plus duration, and has been characterized by marked carelessness in appearance, seclusiveness, uncommunicativeness, no clouding of consciousness, partial disorientation due to indifference, passive attention, profound emotional indifference, with lack of harmony between emotional reaction and delusions, expressed by no marked impairment of memory, by lack of spontaneity in flow of thought, and by great poverty of ideas, by auditory hallucinations, by changeable and unsystematized, absurd delusions of a somatic nature, and by lack of insight.
>
> DIFFERENTIAL DIAGNOSIS.—From *dementia praecox, catatonic form,* partly by the age at onset, the gradual rather than a sudden onset, and by the lack of greater volitional changes, such as blocking, negativism or resistiveness or cerea.
>
> From *manic-depressive, depressed phase,* by the duration of the psychosis; presence of persistent hallucinations and delusions; by the absence of motor retardation or thought retardation or emotional depression.
>
> PHYSICAL FINDINGS.—Height 5 feet, 3½ inches. Weight 106 pounds. Patient is rather delicate in appearance, dark complexion, dark brown eyes, ears and nose negative. Extremities negative. Cardio-respiratory organs negative. Teeth are in good condition, excepting that left frontal and left lateral incisor of upper jaw missing. Abdomen negative.

Genital organs poorly developed, no scars. Neurological examination negative.

Etiology.—Heredity. Father is said to have been quick-tempered, to have forgotten things easily, and his condition is said to have been like patient's, although he was never in a hospital.

Prognosis.—Unfavorable.

Treatment.—Hospital care with occupational and diversional therapy to help delay deteriorative processes.

Case 2.—This Jewish girl of fifteen years presented a problem to the school teachers of *seclusiveness*. She could not be induced to mingle with or have to do with the other children. The father describes her as a ''nice, good girl'', not at all quick-tempered. It appears that she began going to school when she was seven and made her grades regularly until she reached the sixth grade, when it was found that she was incapable of doing the prescribed work of the grade, although she was a year older than most of the pupils. After a suitable trial with failure, she was demoted into the fifth grade from the sixth and at first did not do very good work even in this grade, but her record improved and she was again promoted. The next year she made the seventh grade, but she stayed only three months in it, leaving school to go to work.

She has been working in a candy store as sales girl and appears to be giving satisfaction. If this symptom of seclusiveness is serious, it will probably be operative before she is much older.

The psychotic, the feebleminded, and the backward children in this group are probably definitely on a level from which they will not rise, but the nervous children and those who have conduct disorders may develop into good citizens; one can never safely predict other than optimistically. The majority manage by one method or another to make at least moderate successes. From one point of view, a nation of moderate successes is superior to one of too perceptible differences, though historians might not find it so interesting.

SUMMARY

1. Data on 581 children, the offspring of 145 matings of non-psychotic parents, were collected from the Medical Outdoor Department of the Peter Bent Brigham Hospital, Boston.

2. The parents were comparable to the parents in the dementia-praecox study[1] in economic levels, nativity, and number of children per mating.

3. We have available data on 500 living children.

4. Of the 500 children, 145 deviate from the normal either

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[1] See note 1, p. 770.

mentally, physically, or socially. The deviations were: 1 dementia-praecox patient, 1 pre-praecox, 10 feebleminded children (one with convulsions), 12 backward, 12 nervous, 8 cases of conduct disorders, 101 physically diseased. One hundred children were under and 45 were over sixteen. Of the normal children, 224 were under sixteen, 131 over this age.

5. The majority of the 500 children of school age are in school or in gainful occupations.

6. The death rate of the non-psychotic offspring is lower than that of the dementia-praecox issue, and considerably lower than that of the epileptics.

7. The conduct disorders, though of the same types in the two groups, are 8 out of 500 for the non-psychotic offspring, 36 out of 381 for the offspring of dementia-praecox parents. The number of backward and nervous is the same (12 cases) among the non-psychotics as among the dementia-praecox cases, though the percentage is less in the former group. The greater number of physically diseased among the children of the non-psychotics is hard to explain. It may be, however, that these non-psychotic parents take their children to the doctor more often than the psychotic parents, or for less important things. The diseases do not seem to be communicable in nature, rather they appear to be dietary, such as malnutrition and mild chronic infections, diseased tonsils, and now and then cardiac residuals of probable previous infections, but non-incapacitating.

8. One undoubted case of dementia-praecox was found and is cared for as a committed case in a state hospital. One other is of praecox type, though she partly earns her living.

THE OUTLOOK FOR VOCATIONAL GUIDANCE IN GREAT BRITAIN

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PRIOR to the war, vocational guidance was receiving some consideration in the educational system of Great Britain. As a scientific problem, however, it was one on which very little research had been done and which received practical application, as in America, only by means of a logical system.

The exigencies of the war placed a new emphasis upon personality, both in relation to industrial and to military efficiency. The viewpoint became that of vocational selection [1] instead of vocational guidance. The attempt was made to apply scientific methods to the problem, and psychology found itself needed with little to offer. In England, as in a larger way later in America, psychological research took on an appearance of usefulness which has carried many leading psychologists of both countries permanently into the applied field.

Under this stimulus of military and business needs, research in applied psychology has contributed to vocational guidance much that would not otherwise have been gained for years. Something better, though itself insufficient, is now available to replace the old systems of vocational guidance. The method of clinical psychology is becoming accepted among workers in England, as in America, along with an application of such information as vocational psychology, through research in character analysis and job analysis, has to offer.

Psychologists in Great Britain see in vocational guidance not only a field rich for research, but one that has the advantage of a strong popular appeal. At the Seventh International Congress of Psychology, held at Oxford this summer, an entire symposium was given over to the discussion of principles of vocational guidance. The National Institute of Industrial Psychology[1] has lately organized a vocational section, for carrying on research in the fields of vocational selection and vocational guidance. This work is under the direction of Cyril Burt, who through his ready access, as psychologist to the London County Council, to the school system of London, has an exceptional laboratory for vocational-guidance experimentation. Although but lately organized, the vocational section has in progress the most significant work in England in the field of aptitude tests. One study, devising aptitude tests for shorthand and typewriting, has been completed, while others are in progress, among them one for dressmakers and one for engineers.

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[1] The term vocational selection is used in Great Britain as personnel selection is used in the United States. In this article the British term will be used.

In addition an experimental attempt in the field of vocational guidance of the London elementary school children is in progress, making use of a diagnostic method based upon differential findings and using the general intelligence test plus aptitude tests in tentative form. This is the only attempt in Great Britain to make consistent use of the general intelligence test, or any testing method, in vocational guidance.[2]

The attitude of Cyril Burt toward the use of the general intelligence test in vocational guidance is shown in the following quotation:[3]

"Of all psychological capacities, general intelligence is the easiest to measure; it is also the most significant for the purposes of vocational guidance . . . By its very nature, general intelligence seems closely related to the power to learn—to the ability to adapt oneself quickly and efficiently to new tasks and situations. . . . In view, therefore, of the present difficulty of measuring other mental qualities, I am inclined to suggest that for the time being the chief (though not the sole) provisional guide in making vocational recommendations should be the degree of the candidate's intelligence.''

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[1] Industrial psychology in Great Britain corresponds to applied psychology in the United States.

[2] The general intelligence test is accepted quite generally in Great Britain as one criterion, and the one most singly valuable in most cases for the selection of personnel. While few business firms have attempted the application of trade or aptitude tests, the general intelligence test is in use by a number of concerns. It is also in use in the schools for educational purposes, but not as widely as in America. In the researches of the Industrial Fatigue Research Board considerable reliance has been placed upon the general intelligence test while the results of the aptitude tests are regarded as extremely tentative.

[3] From *The Principles of Vocational Guidance*, a paper presented by Cyril Burt at the Seventh International Congress of Psychology.

Outside of the work under the direction of the National Institute, of which Dr. C. S. Myers is chief, very little is being done in the vocational guidance of youth in London. This, as was said above, has only begun. Elementary education in Great Britain, which became compulsory for the years five to fourteen by act of 1918, is under the direction of ''local authorities''. These local authorities, under the Ministry of Education, may organize juvenile-employment committees for purposes of vocational guidance. These committees are an outgrowth and specialization of part of the work of the ''after-care committees'', which, in addition to their general supervision of the welfare of school children, formerly carried on also guidance and placement activities. In London no juvenile-employment committees have been organized by the local school authorities, partly at least because of a nation-wide placement program under the employment bureaus. These employment bureaus, under the Labor Ministry, have been authorized to organize juvenile advisory committees for the same purpose as the juvenile-employment committees, where these latter have for some reason failed to be organized.

As a result of the great demand for workers immediately following the war, there was considerable conflict between these two governmental agencies, both endeavoring to control the placement of youths leaving school—a conflict that called for special legislation, but that has now completely subsided due to present economic conditions, which have forced more than a million out of work and provided few openings for juveniles.

Briefly, the plan of juvenile vocational guidance for London requires that each child who leaves elementary school shall be described upon a ''school-leaving form'', which will constitute a confidential record of the child's characteristics as observed by the teacher. This information is indexed by the after-care committee and with the assistance of the juvenile advisory committee of the employment bureaus, the child is placed. Under the direction of the after-care committee, his employment is supervised until he reaches the age of eighteen.

In view of the economic conditions at present existing in Great Britain, it is not at all possible that the placement phases of this system can be other than haphazard. It is on the placement side of the general system that the greatest difficulty in application usually lies. In England, in particular, where the division of labor is so rigid—where it is far less possible than in America to shift from one occupation to another—a system that fails on its placement side renders negative its work of vocational adjustment. On the psychological side, the criticism of specialists upon this system in London is appropriate: ''At present the particulars given on the school-leaving form are filled in by the teachers during the child's last few days at school, often in a hurry, and usually in a vague and indefinite fashion. 'Conduct, good'; 'Intelligence, fair'; 'Will be a credit to any one who takes him'—these are common types of entry. As testimonials such statements may be helpful; as a scientific guide they are worthless.''

Furthermore, the system of guidance under the direction of the juvenile-employment committees of the Ministry of Education, which have outside of London been organized more extensively than the juvenile advisory committees of the labor bureaus, can be criticized in the same manner. To quote one educator: ''All the work is extremely superficial. There is no record of any testing done in the reports to the Ministry of Education.''

The only difference in the functioning of the juvenile advisory committees and of the juvenile-employment committees lies in the fact that the former have the advantages due to affiliation with the labor bureaus, while the juvenile-employment committees, lacking these facilities, attempt placement in the community in a haphazard, personal manner. Wherever the juvenile advisory committees do the work of guidance in a community, there is a certain amount of coöperation between them and the after-care committee. In any case the interviewing and guidance is done at the end of the term, as, contrary to American custom, the pupil is required by law to finish a term, even though he may be over fourteen.

These symptoms of vocational guidance appear only in the elementary schools. There is no vocational guidance in Great Britain in secondary schools, although lately there has been much public discussion of the need.

There is little America can learn from this program of vocational guidance, for America is clearly in the lead except from the point of view of coördination of effort. The British system of vocational guidance, reviewed by early American investigators, has suffered retardation rather than advancement. It appears that at least for a time some voluntary agency must control and stimulate vocational activities, and it is this that the National Institute of Industrial Psychology hopes to do. It is recognized that none of the existing governmental agencies has sufficient support to branch out and develop the vocational-guidance field in a scientific manner. The National Institute looks forward to establishing as early as possible branches of its vocational work throughout the different communities of Great Britain. At present, however, this is a hope rather than a plan. These branches would not only have available the research facilities of the National Institute and other coördinated bodies [1] working in the field of vocational selection, but would also be able to coördinate the work of existing agencies, such as the after-care committee, the employment bureau, the juvenile-employment committee, and so forth, offering in addition psychological diagnosis and vocational prescription of a nature not at present available.

It is through this centralization of effort under the direction of the National Institute that vocational guidance may gain much advancement in methods of research, but there is danger here as elsewhere in the combination of vocational selection and vocational guidance. Among the applied psychologists of Great Britain, as among some in America, there appears to be a certain confusion as to the relation of vocational or personnel selection and vocational guidance. By some the former is frequently spoken of as a method of employment psychology. Certainly the best method of personnel selection demands an interest in the welfare of the prospective employee, but that interest must inevitably remain secondary to, or at least coincide with, the interests of the employer. Others seem to consider that research in the field of vocational selection is research in vocational guidance. Most research in vocational selection has a value to vocational guidance, but some has very little bearing. The establishing of a test upon the sensitiveness of the fingers to touch or what not, for a particular operation, enables the personnel director to select a more or less efficient employee for a particular task, but offers very little toward an appraisal of the personality of an individual for the purpose of vocational guidance. The two lines of endeavor should meet eventually in a harmonization and understanding of the facts of personality, but for the present their methods of research must be different.

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[1] Such as the Industrial Fatigue Research Board, whose publications have considerable bearing upon vocational guidance. Information concerning these publications can be secured from the secretary, D. M. Wilson, 15 York Building, Adelphi, London, W. C. 2.

In practical application as well there is a difference between the two phases of vocational psychology. Vocational guidance rests upon an individual study of a personality in relation to his total possible environment, outlining with him a tentative vocational life plan. It is the direction to the best task for that total personality. On the other hand, vocational selection isolates the particular character traits necessary to a task, disregarding better possible combinations for the individual. The one is selfish from the standpoint of the employer, the other is selfish from the standpoint of the individual, and vocational guidance is moral only as business is moral.

HISTORIES OF 79 FEEBLEMINDED GIRLS UNDER SUPERVISION IN THE COMMUNITY

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THERE was a time, when the facts with regard to feeblemindedness first became generally recognized, when the slogan for the treatment of feebleminded persons was ''commitment'' and custodial care, at least during the child-bearing period. Such a policy, however, was never more than an ideal set up by enthusiastic eugenicists and has gradually been replaced by another: supervision in the community for all but the most difficult. There are several reasons for this. In the first place, institutions are crowded, and if they were not, there is much opposition to commitment in individual cases, family and judge alike seeming to feel that the social worker is trying to ''put away'' for life an innocent individual. Supervision, again, is more practicable from a financial standpoint. The feebleminded in institutions are an expense to the state, while the feebleminded in the community are often of considerable financial aid to their families. Moreover, as psychometric tests are more generally used, the proportion of common laborers and domestics who are ''feebleminded'', as judged by intelligence tests, is startling. In fact, the results of the psychometric tests in the army have resulted in a new idea as to where the dividing line between normality and defect comes. This being so, custodial care for all defectives would be the height of folly, upsetting to no purpose our entire economic system.

For various reasons, therefore, supervision in the community is being attempted by parole workers from institutions, probation officers, visiting teachers, social workers, and nurses. The object of this oversight is obvious: the safeguarding of individuals with the minds of children—and the safeguarding of society from their irresponsible acts—and the making of decisions for persons unable to make their own with ordinary prudence. The success of this supervision can be estimated only by careful bookkeeping, and as he who supervises mental defectives is by the very nature of his task engrossed with immediate and pressing problems, such studies are sadly lacking. Probably no agency has in hand just the case records and data that it would like to have for determining the success of supervision, while any estimate of accomplishment is beset by all the dangers that attend personal opinions. One's very definition of "success" determines whether it is, indeed, success or failure. Because, however, of the obvious need of determining to what extent and under what conditions the feebleminded can lead supervised community lives, we offer the following material.

Of 977 girls who passed through the mental clinic of the New York Probation and Protective Association between May 1, 1920, and October 1, 1922, 200, or 20.5 per cent, were mentally defective. These 200 were a picked group, as practically all were known to some social or civic agency when referred, but they were by no means a delinquent group, as some came for employment and some for mental examination and advice because their condition was recognized. Supervision was undertaken for 91 of the group, as 31 were runaways from places outside New York to which they were returned, 21 were referred to our psychiatrist by other organizations for mental examinations, 22 were immediately disposed of by court action, and 35 were referred at once to other organizations particularly fitted to look out for their problems, such as hospitals, sectarian institutions, and so forth. What success these coöperating agencies may have had we do not know; our own we are about to discuss.

Even Walter Lippmann would probably admit that the best possibilities for development for certain individuals lie in commitment to a training school. After a full social history was obtained for each of our 91 girls, and a mental examination made, including a psychometric test, 29 were considered suitable cases for custodial care and 12 were actually sent to custodial institutions—6 to Newark State School, 1 to Letchworth Village, and 5 to the New York City Children's Hospitals and Schools on Randall's Island. Two girls who came just for examination were also sent to custodial institutions, and 4 were sent by the courts, making a total of 18 committed out of 200 mental defectives.

In recommending commitment, certain factors must be taken into consideration, such as the degree of defect, the social history, and the home conditions.

In securing commitment, we must have the concurring opinions of parents, examiners, and the court. Although it is legally possible to secure commitment without the parents' consent, it is impracticable, in view of the crowded condition of the institutions, to work for the admission of individuals whose parents will at once demand their release. At present the mental clinic of the New York City Department of Public Welfare at Bellevue Hospital puts through the commitments of such Manhattan cases as are in their opinion suitable. Twice we have learned that the patient in question was "not feebleminded", although one of these girls was admitted to Randall's Island for observation. Girls who are intellectually border-line cases, but whose behavior is outstandingly defective, are an especially difficult problem for disposition. The court, also, may not agree with our plans. One distressing disposition of a girl for whom we had expected commitment was made by the judge before whom she was appearing as witness against a man who had placed her in prostitution. Because she was pregnant, the man, who had already two motherless children, was ordered to marry her, which he did, thus giving a girl with the mental age of 7.8 the care of three little ones. The result was that her baby died, while Lucy herself developed tuberculosis in the miserable home she was able to maintain. On the whole, we are inclined to congratulate ourselves on the fact that for 12 girls, at least, we secured custodial care, and to regret that we had to attempt supervision for cases in which commitment seemed the logical outcome of inherited traits, bad habits, and poor homes.

Having secured commitment for 12 of our original 91 girls, we were left with 79 for supervision in the community, but as in 3 cases commitment was secured only after a period of supervision, we were really concerned with 82 individuals, for whom we tried to bring about a "successful" adaptation to life and its problems. To define a "successful" individual from the social standpoint is not difficult—it is one who does not transgress the social *mores* and is not dependent except on parents or others legally responsible for support. To determine which individuals approximate this definition and which fail to do so is much more of a task, depending on the extent of our knowledge and the time selected for the reckoning. A girl whose behavior is satisfactory on one visit may have overstepped the proprieties on the next. The longer the period of supervision, the more reliable, of course, are the data, whether favorable or unfavorable.

Of our 82 girls under supervision, 4 were lost track of, so that their adjustment is an unknown quantity; 35 are considered to have done well in that they have not been delinquent and have worked with fair regularity; and 43 were failures in community life. Among the typical cases who did well was a girl who worked as a maid at Bellevue Hospital almost four months and then returned home, continuing to work, although occasionally loitering in the Grand Central Station. Another was placed as a domestic at a school for atypical children, where she was considered a problem and was rather dissatisfied. One girl, placed in a boarding home, stayed out one night, but subsequently married and had a satisfactory little home. A witness in a rape case went home and had a marriage arranged by her family, the witness fee serving as dowry.

Of the 43 who did less well, 11 were finally sent to institutions for delinquents, just as if they were responsible for their behavior, and 3 went to custodial institutions, although 2, unfortunately, came out again. When we consider the specific pitfalls into which they fell, the most outstanding are of a sexual nature. Of these 43 girls, 6 were prostitutes, 2 were promiscuous, 3 became pregnant out of wedlock, and 1 lived with a man whom she later married. A total of 14 were sexually delinquent; 2 more married and came shortly to the attention of social agencies; 11 ran away from home; 2 stole; 2 violated probation; 5 kept late hours, one returning as late as 5 A. M., and one coming home intoxicated; and 6 were generally irresponsible, dirty, and lazy. It seems rather unfair to classify the outcome as "unfavorable" because of traits generally attributed to all feebleminded individuals, but, on the other hand, it is individuals with these very traits from whom we are expecting social adaptation.

Our problem, as case-workers with feebleminded persons, is to determine in which girls these characteristics are so well marked that social adjustment is improbable and which girls, with supervision, may become satisfactory members of the community. We have considered the following points as of possible causative value in the social adjustment of mental defectives:

Chronological age
Mental age
Heredity
Environment
Habits
Nervous stability
Personality traits
Disposition made.

To compare the two groups, small as they are, in relation to these points, has seemed to us a logical way to throw light on our problem.

The questions of chronological and mental age are at once disposed of, as the figures are practically identical for the two groups. The 43 failures have an average chronological age of 18.3 and an average mental age of 9.5, while the 35 successful have an average chronological age of 18.2, and the same average mental age—9.5.

No intensive study was made of the heredity of these girls, but routine questions bearing upon heredity were asked, while further investigation and contact with the family often brought to light additional points of interest. As a matter of fact, 25 of the cases of failure had family histories of mental disorder, alcoholism, or mental defect, while only 10 of the cases that made successful adaptations had such histories. This is a very interesting point for students of heredity and individual differences. We receive from our parents a mosaic of potentialities. Relatives who are insane, alcoholic, epileptic, and otherwise unstable indicate the various strands that go into the inherited make-up, causing one mentally defective individual to be different from another, more or less capable of adaptation. Again, we must consider these matters from the point of view of environment, recognizing that any individual living in a home made by alcoholic, insane, or defective parents, or with defective brothers and sisters for childhood companions, is obviously handicapped.

When we consider the early environment of these girls, 28 of the 43 failures, and 23 of the 35 successful came from poor homes; in other words, about two-thirds had never known the protection of a good home. These figures are too small for percentages, but the ratio in the two groups is practically the same. Five in each group had been in child-caring institutions.

The environment is important as the place where safeguards are set up and habits formed. When it comes to adjusting an individual in the community, the most important factors are his or her assets of good habits. Unfortunately, very few of our girls had any such assets. Their work records are almost always poor, due quite as often, I imagine, to lack of vocational training as to lack of high intelligence quotients, as industry has really many places for trained subnormals. Just 9 in each group had good work records.

When it comes to sex habits, it is very significant that more than half of the girls who turned out well had had no sex experience, while all but eight who continued to be problems were known to have had. Many of this group were joining the ranks of the unmarried mothers. Of our total of 91 girls, 6 were pregnant when brought to our attention, 1 for the second time, and 5 others already had children, although their median age was only 19.7. Of those who had had children, 2 had made forced marriages and 4 were unmarried. Adding to these 11, 9 girls who, while under supervision, became pregnant, we get a total of 20 in 91, or more than 1 in every 5, who conceived children. Exactly 5, or a quarter of these 20, were married when conception took place. So far as we know, only one abortion was performed. The defective and her family have not the foresight to interrupt these pregnancies, which, after all, are not so unwelcome as they would be to more intelligent people. Needless to say, the girl who has once had her sex instincts aroused and her reputation ruined by a child born out of wedlock has the hardest time in conforming to conventional standards and the least incentive to do so. Of the 11 girls who had had children, or who were pregnant when they came under care, 5 were sent to custodial institutions, 4 did badly, and 2 did well, under supervision.

Other bad habits are running away, stealing, and being generally incorrigible. If we tabulate the problems that brought to our attention the 78 girls with whom we did casework, we see clearly the outward signs of habits already formed and certain important differences between the group who are successful and those who were not:

Problem	*Successes*	*Failures*
Running away	7	14
Sex delinquency	6	12
Waywardness	4	7
Incorrigibility	4	3
Vagrancy	..	1
Disorderly conduct	..	1
Stealing	2	1
Home conditions	1	3
Employment	3	1
Mental condition	4	..
Physical condition	4	..

Sixteen cases came to us as non-delinquents, either seeking employment or advice because of their recognized limitations or living arrangements. Four of these later became delinquent. Very few of the sex offenders managed to adjust themselves under supervision. Of the 7 charged in court with incorrigibility, 4 were not further problems. These numbers are pretty inadequate, but they do give a certain picture of the girls with whom we are working.

Another handicap in adaptation is nervous instability, which is indicated by the so-called neurotic traits—excitability, temper tantrums, nail biting, enuresis. Of the 78 girls, 56, or almost three-quarters, showed one or more neurotic traits, but this characteristic was slightly more marked in those who did well than in those who failed (26 in 35 against 30 in 43), and does not, therefore, strangely enough, seem to be a pivotal factor.

The shortcomings of the feebleminded are often attributed to mere ''feeblemindedness'' rather than to individual personality traits. We do not mean by this just a low intelligence quotient, but certain characteristics frequently shown by defectives. As a matter of fact, if we consider the habits of these girls in regard to work and sex, their social standards—such as honesty, their instincts—such as sex drive, fear, and temper, and their emotions, we find that their individual psychiatric histories read much alike. They are described as "colorless", "little initiative", "worried and vaguely apprehensive", "dull, slow, and unattractive", "absolutely at the mercy of their environment", "timid and quiet", "friendly and talkative"; almost all, in fact, are of the inadequate type. If we divide our 78 into three large groups—the hyperkinetic, the hypokinetic, and the normal—in respect to energy and emotional equipment, we find only 6 with push and energy, 7 fairly normal, and 65 inadequate. Thirty-five reported temper; 19 were timid; only 13 reported sex drive, but most were the victims of their seducers, easily led into improper conduct. This danger of being victimized by a person of more positive convictions or desires is a fundamental matter in the community life of all defectives.

We have referred to the early environment of these girls as an important factor in their past. The disposition made while under care is equally important, as the setting for continued good behavior or for recurring difficulties. In each case we tried to secure the setting best suited to the individual in view of her particular problem. In many cases frequent disposition had to be made, but when last visited or heard from, the 78 were living as shown in the table below:

Setting	*Successes*	*Failures*
With parents	25	16
With relatives	4	..
With husband	4	5
Resident position	1	..
Furnished room	1	2
Boarding home	..	1
Disciplinary institution	..	11
Custodial institution	..	1
Missing from home	..	5
Hospitals	..	2

The above settings may be conveniently divided into three groups, the first four indicating situations that are likely to lead to satisfactory behavior; the next two a problematical setting; the last four a disposition in itself an indication of failure in social adjustment. The 2 girls in hospitals were there for venereal disease and confinement in an illegitimate pregnancy, respectively. Those "missing from home" are to be distinguished from the 4 "lost track of" who were originally eliminated, as we have positive information about them, while the latter were unascertained. It is to be noted that the girls living with parents and relatives had a larger number of successes than failures. This is not due, however, to the kind of home in which they lived, as 16 of the 25 homes in which they were doing well were classified as ''unfavorable'' as compared with 7 of the 16 homes in which they were doing badly. We have usually considered work in institutions as supplying the sort of protected environment that these girls need. In this small group, 7 girls were so placed, but only 1 remained and did well. Untrained mental defectives do not make sufficiently good domestics to arouse the interest of their employers and the supervision of their leisure is at best haphazard. Their homes, bad as they may be, are the only places where responsibility is felt for them and their inefficiency tolerated.

To sum up, we might say that in adjusting a person in the community there are three factors to be taken into consideration—intelligence, habits, and setting. In the case of defectives, the intelligence is always low, but the habits and setting may be either good or bad. This makes four possible combinations, taking the varying factors two at a time: we may have poor intelligence, bad habits, and a bad home, which is an impossible combination for social adjustment; poor intelligence, good habits, and a good home, which is a promising combination; poor intelligence, good habits, but a poor home, which is a dangerous combination; or poor intelligence, bad habits, and a good home, which is a problematical combination. The difficulty with most of our cases unfortunately is that a poor home has to be presupposed as well as inferior intelligence, and the relation between a poor home and poor habits is not a chance one.

The causes of the failure of these girls under supervision seem fairly clear, then. They are defective in intelligence, easily led, incapable of responsibility, and childlike. If, added to this congenital handicap, bad habits have been formed in the course of a casual upbringing, the chances of constructive social work at the present time are poor. The feebleminded offspring of successful, intelligent citizens—and such citizens sometimes do have feebleminded offspring—

can be supervised by their own parents with good success, but the feebleminded adolescents who are known to social agencies—the dependent, the delinquent, and the pre-delinquent—cannot be supervised with any degree of success in the homes from which they spring and among the kind of people with whom they associate. The fallacy in the program of supervision for the defective in the community is that its advocates have considered the feebleminded as a class largely as they are seen in successful adaptation to institutional life fitted to their limitations, and have disregarded the setting of poverty, degeneracy, and parental neglect and indifference in which they are actually found by the social worker and in which supervision must be undertaken. The only solution for defective adolescents with such a background is the colony system, where proper safeguards can be consistently furnished, together with suitable recreation and good physical care. As these colonies become self-supporting, a part of each girl's earnings may be sent to the parents, who are thus not deprived of one of their most appreciated prerogatives. For outside agencies and workers to try to supervise these girls is an expenditure of energy that might better be spent on more normal material.

The problem of such young defective children as can be discovered by the much criticized ''intelligence tests'' is not so hopeless of solution in homes where coöperation can be secured. Their oversight should, of course, begin in the early grades of the public school. Through friendly contact with the family, the weaknesses and dangers of the individual child can be pointed out; they can be given the type of manual training for which they are fitted, and at the proper time be placed in such positions in industry as they can fill adequately. There are many such positions. Having been watched over and safeguarded from an early age, they will not have formed bad habits, and they will not pass into the discouraging group of the delinquent defective. Intelligent ''prevention'' will obviate the necessity of well-meaning, but rather fruitless attempts at ''cure'' of bad social habits.

One of the big obstacles for defective individuals from the standpoint of mental hygiene is the stigma attached to the terms ''feebleminded'', ''mental defective'', and so forth.

It is even customary to label persons with low intelligence quotients and good social behavior as ‘‘not defective’’ instead of calling them what they really are—‘‘individuals with inferior intelligence, but good social habits’’. As soon as we turn our attention from adolescent and adult defectives, whose habits are already set in antisocial lines, to younger ones who are still plastic, the situation will take on a pleasanter aspect. Supervision will no longer be a weary task threatened at the outset with failure, but a splendid opportunity to help intellectually handicapped children realize their best possibilities, so that the next generation of defectives need have no stigma attached to them. Many of our girls erred because they were ‘‘easy led’’, or because ‘‘he changed my mind’’. Had they been protected from an early age, their delinquencies might not have occurred.

THE YEAR'S PROGRESS IN NEW YORK STATE IN THE CARE OF MENTAL DEFECTIVES*

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WHEN partial state care for mental defectives began seventy-two years ago, the first institutions were in the upper part of the state, far from the densely populated district of New York City. The result is that we have three institutions—one at Rome, one at Syracuse, and one at Newark—in the upper part of the state, over two hundred and fifty miles distant from New York City. There is but one institution—Letchworth Village, accommodating 1,600 patients and but partly completed—to serve the metropolitan district.

Moreover, these early institutions were special institutions. That at Rome was exclusively for male cases of a chronic type; that at Newark was for females, mainly for those of the child-bearing period; that at Syracuse was for children of both sexes, but of school age.

Time and experience have shown that these special institutions are not very satisfactory. We believe that each institution for mental defectives should care for both males and females, and that there should be no special institutions except for confirmed defective delinquents.

Added to these handicaps—the inconvenient location of the institutions in respect to the population of the state, and the special types of the older institutions—prior to 1918 no definite agency existed for the supervision and direction of these institutions or for the development of a state policy. The state board of charities made recommendations and inspections, but this board has supervision of many other institutions and numerous other duties.

Previous to the present year, of which I wish to speak specifically, many of the disadvantages above mentioned had been rectified. The State Commission for Mental Defectives was created by the legislature in 1918. The Mental Deficiency Law, drafted by the first chairman of the commission, Dr. Walter B. James, brought order out of chaos in regard to commitment, transfer, and discharge of inmates in these institutions and, more important still, placed responsibility for the care of the mental defectives of the state in the hands of one state body.

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* Read at the Forty-seventh Annual Meeting of the American Association for the Study of the Feebleminded, Detroit, June 18, 1923.

The special institutions have been partly modified, especially the Rome State School, which now takes all types of cases. The institution at Newark still labors under the disadvantage of receiving only females, but receives those of all ages. The institution at Syracuse is still for children of school age.

The present aim of the commission is to obtain beds for at least 10,000 inmates, the present capacity of the state institutions, with overcrowding, being 6,385. It is believed that there are at least 50,000 mental defectives in New York State who require some sort of supervision, but many of these can be cared for in the community by supervising social agencies.

New Construction

To come to the specific topic of this discussion, progress made during the year, the 1923 legislature appropriated $881,000 for new construction in the state schools for mental defectives. The bulk of this was towards the completion of Letchworth Village, but appropriations were made for new construction at Rome, Newark, and Napanoch, and for fire protection at Syracuse.

While this is in reality a modest total in consideration of the needs, it is a more liberal appropriation than that of former years.

Extension of the Colony System

Up to the present, New York State seems more fully committed to the colony system than other states, a situation due to the development of colonies at the Rome State School. This question has been carefully studied, and we believe the colony system to be a valuable method of training for both males and females.

During the year new colonies have been started at three institutions—one at Newark, one at Syracuse, and one at Napanoch. The legislature appropriated funds for the maintenance of these colonies—that is, for rental and for personnel. If the colony system proves to be as valuable as is hoped, a significant start has been made at these three institutions toward colony development.

Increased Pay for Special-class Teachers

It is generally agreed that a most important part of any program for the care of mental defectives consists of proper training in the public schools. New York State needs more special classes and special-class teachers. The Lockwood Bill, passed in 1917, reads as follows:

> ARTICLE XX—B—Chap. 553. Laws of 1917
>
> Section 578. Children with retarded mental development.
>
> 1. The board of education of each city and of each union free-school district, and the board of trustees of each school district shall, within one year from the time this Act becomes effective, ascertain, under regulations prescribed by the commissioner of education and approved by the regents of the university, the number of children in attendance upon the public schools under its supervision who are three years or more retarded in mental development.
>
> 2. The board of education of each city and of each union free-school district in which there are ten or more children three years or more retarded in mental development shall establish such special classes of not more than fifteen as may be necessary to provide instruction adapted to the mental attainments of such children.
>
> 3. The board of education of each city and of each union free-school district, and the board of trustees of each school district which contains less than ten such children may contract with the board of education of another city or school district for the education of such children in special classes organized in the schools of the city or district with which such contract is made.

This is a valuable law, but these provisions have not been carried out in many communities because of the expense involved in the salaries of special-class teachers. This expense is partly met by the state, in a bill to amend the education law, passed this year, which reads as follows:

> Section 579-a. Apportionment for support of special classes.
>
> If the board of education of a city or union free-school district establishes one or more special classes for the instruction of children who are three years or more retarded in mental development, as provided in this article, and shall employ one or more teachers for the instruction thereof, the commissioner of education shall apportion to such city or district, in the same manner as teachers' quotas are apportioned thereto, an amount equal to one-half the

salary paid to each of such teachers, but not to exceed one thousand dollars for each teacher so employed. No such apportionment shall be made on account of a teacher so employed unless there shall have been issued to such teacher by the commissioner of education a certificate authorizing such teacher to teach such special classes or unless such teacher shall possess the qualifications prescribed by the commissioner of education.

It is hoped that this financial aid by the state will result in the increase of special classes, particularly in country districts.

Adequate Salaries for Field Workers

The commission has, as part of its organization, five field agents who do clinic work throughout the state and direct the supervision of mental defectives in the community. Twenty regular clinics are now conducted by the commission. The field agents, who do social work and mental testing, have rendered excellent service during the past three years, but with one exception they have all found employment elsewhere because of the unsatisfactory salaries paid by New York State. This year the legislature substantially increased the salaries of these workers, and a much stronger organization now exists. This means much in the direction of community supervision of mental defectives. These workers not only carry on supervision themselves, but, more important, they teach other workers in this field throughout the state methods and means of carrying on the work.

Eventually a mental-hygiene program in this field, comparable to the health program for children now in operation through the state board of health, may be evolved.

Development of Institution for Defective Delinquents

The Institution for Defective Delinquents at Napanoch is a new institution of its kind in New York State and in fact in this country. It is mainly of prison construction, with a cell-block system, but there is also some dormitory space. It was thought at one time that the other state schools would send a large number of cases to Napanoch. This has not been the case, however, chiefly because of the type of inmate that has been admitted to Napanoch. The population for the most part has come from prisons, penitentiaries, and the courts. The more seriously delinquent types of mental defectives are found here, although a fair proportion of them are boys who are not inherently delinquent, but are led on by more intelligent and unscrupulous men.

There are now 402 cases at Napanoch. Parole is carried on at this institution as elsewhere. It is hoped that the colony above mentioned will be of great value here.

The above, then, are some of the gains of the past year: new construction; provision for colonies in three institutions; state assistance in the special classes; assistance for more extended field work; and development of state care of defective delinquents at the institution at Napanoch. While these gains by no means solve all of our problems, very material progress has been made in this welfare work during the current year.

Need of Scientific Research in the State Schools

A very important need in New York State remains to be considered, a need that cannot be met entirely by legislative action. It can be said to the credit of every superintendent of the New York State schools for mental defectives that the institutions are well administered and the patients well cared for and well fed, and this despite many difficulties in the way of inadequate personnel; but the fact remains that the scientific work of these institutions has not reached the desired standards. None are more keenly aware of this fact than the superintendents themselves. No field of medicine is laden with more interesting scientific problems, medical, psychological, educational, and social, than the problem of mental defect. It is to be hoped that in the future we can get the scientific enthusiasm, the personnel, and the organization to carry on this work in New York State. It is already beginning in one or two of our institutions. Our medical staffs should be the leaders in this field of the mental hygiene of children, the most important field in psychiatry to-day.

From the standpoint of scientific medicine, there is still much to be learned about mental deficiency. Disorders of development of the nervous system during intra-uterine life doubtless have much to do with mental defect. Dr. L. C. Stockard, of Cornell University, has shown by animal experimentation that disturbances of nutrition and toxic agencies in pregnant animals result in defective development of the nervous system of the embryos. This study has an important bearing upon mental deficiency in human beings.

The anomalies of the brain cortex of mental defectives are as yet not well understood. The occurrence of brain injuries in infancy and of infectious diseases during early childhood as factors in feeblemindedness will require much study. Bio-chemical studies in relation to the glands of internal secretion and the bearing of diseases of these glands upon mental defect should be carried much further than they have yet been. Even with our present knowledge, glandular therapy brings about striking results in certain cases.

There is very much to learn about mental deficiency from the psychiatric and psychological point of view. We are gradually discovering what work is best for children at certain mental ages in their development, although continued study is necessary in this direction. The use of standard intelligence tests as applied to the foreign born is not entirely satisfactory, and here, too, further investigation is necessary.

Personality disorders and psychopathic conditions found in mental defectives should receive investigation in psychiatric directions. These studies will eventually throw much light on the various forms of instability in children. Many such conditions which we have heretofore regarded as hereditary are now being explained on the basis of environment. There is a new field of psychiatric research in the study of the disorders of conduct and personality of defective delinquents and their social reëducation under supervision. Such studies will contribute widely to the subjects of criminology and delinquency.

Progress in Special Training of Defectives

The special training given mental defectives in the ungraded classes in the public schools had its beginnings for the most part in the state schools for mental defectives. Séguin, a prominent French physician, who had established a school for the feebleminded in Paris, arrived in this country in 1848, very enthusiastic about his work, and later joined the staff of the Syracuse State Institution for Mental Defectives. As a result of his enthusiasm, methods of teaching were introduced there that have been since amplified and that have contributed very much to the training of mentally defective children in this country. The enthusiasm of some of the early teachers was not warranted, as shown by subsequent facts, but the underlying principles that they introduced were of the greatest significance.

From 40 to 60 per cent of the children in our state schools for mental defectives (depending upon the type of institution) are capable of receiving varying degrees of training. These institutions should be schools indeed, as their name indicates, with an adequate corps of teachers. There should be school buildings in which the various forms of teaching can be carried out. The most important part of the training, of course, is manual education—training by which the mind is developed through the use of the body. This is begun in the very young by what is known as sense training. The teaching at a later age is more complex and at the same time more practical, including eventually training in machine shops, electrical work, carpentry, farming, and gardening. The girls, after elementary instruction, are given training in sewing, cooking, laundry work, and all forms of domestic instruction.

With such a training, the child is fitted to make his way in life, independently in a few instances and under supervision in many.

Quite as important, the children in the state schools for mental defectives are given what is called social training. Most of them come from unsatisfactory homes, and they do not know how to live in the community and keep out of difficulty. At the state schools they are taught to conduct themselves properly, and to be neat, orderly, and obedient. After training in these various directions, the child is ready to live with a family, selected by a social worker, in the community, and to work as he has been taught.

This training, of course, is not carried out under ideal conditions in all of the state schools. We lack as yet an adequate medical staff, a sufficient number of teachers, adequate schoolrooms, and social workers. However, progress is being made each year in every institution.

The above program may appear to require considerable expenditure. This is true. The initial expense, however, is in reality an economy in the end. It is relatively more expensive to retain these children as custodial cases, untrained, since through training they become in part self-supporting, while without it they are totally dependent upon the state. If institutional care is not provided, sooner or later they become delinquent and dependent, and are cared for eventually in a most costly way, as shown by court records and by the statistics of correctional, charitable, and penal institutions.

SOCIAL SERVICE IN RELATION TO THOSE PATIENTS IN THE BOSTON STATE HOSPITAL NOT OVER TWENTY-FIVE YEARS OF AGE AT FIRST ADMISSION *

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EARLY recognition and prompt treatment of mental disease is gradually being proven both possible and feasible. Clinics of various kinds are filtering out an increasing number of mild mental cases that can be treated successfully without removal from the community. The precipitate, however, still includes many patients not over twenty-five years of age who are suffering from their first attack of mental disorder. From the point of view of the patient, his chances of recovery and of readjustment will probably never be better than in this first attack; from the point of view of society, lack of proper treatment at this time may result in the expense of institutional care for the next half century. With these possibilities in mind, the following analysis has been made of those patients in the Boston State Hospital on November 30, 1922, who were not over twenty-five years of age at their first admission, in an attempt to study the relation of social work to this youthful group of the hospital population.

The age and sex of the patients in relation to the diagnostic groups in which they have been classified is shown in Table I (page 805). Let us first consider the distribution according to diagnosis and sex. Of the 385 cases studied, 263, or 68 per cent, have dementia praecox. One hundred and forty-nine are males and 114 females. That is, in this dementia-praecox group there are 131 males for each 100 females. The number of males per 100 females in the general population of this country on January 1, 1920, was 104.

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TABLE I.—AGE AT FIRST ADMISSION OF PATIENTS BY PSYCHOSES

		Total			*6–10 years*			*11–15 years*			*16–20 years*			*21–25 years*	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F,	T.
Psychoses															
Dementia praecox........	149	114	263	...	...	...	3	1	4	46	37	83	100	76	176
Manic-depressive	14	28	42	...	...	...	...	2	2	6	6	12	8	20	28
With mental deficiency...	30	12	42	...	...	...	3	1	4	14	3	17	13	8	21
With psychopathic personality	3	5	8	...	...	...	...	...	...	1	1	2	2	4	6
With epilepsy...........	6	...	6	...	...	...	1	...	1	2	...	2	3	...	3
With somatic disease.....	1	3	4	...	1	1	...	1	1	1	...	1	...	1	1
Paranoid	2	...	2	...	...	...	...	...	...	...	...	...	2	...	2
Traumatic	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Alcoholic	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Undiagnosed	2	1	3	...	...	...	1	...	1	...	...	...	1	1	2
Without psychosis															
With mental deficiency...	3	9	12	...	...	...	...	...	...	1	4	5	2	5	7
With psychopathic personality	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Total	212	173	385	...	1	1	8	6	14	71	51	122	133	115	248

Edith M. Furbush, statistician of The National Committee for Mental Hygiene, has found that of 5,676 new cases of dementia praecox admitted to 72 state hospitals in 1920, there were 124 males per 100 females. She found, however, that 56 per cent of the male cases, but only 38 per cent of the female cases, were under thirty years of age at their first admission.[1] This difference raises a question as to the relative age of onset in the two sexes and suggests the possible explanation that the more pressing economic demands made upon the man may hasten the recognition of his inadequacy and so cause an earlier hospital admission. Whatever the explanation, this excess of male cases in the lower age groups doubtless accounts for the slightly larger proportion of males classified under dementia praecox in this study. Also, as the group studied represents a cross section of the hospital population rather than a group of patients admitted during any one year, the relative frequency of prolonged hospital care for the two sexes, as well as a comparison of their longevity, merits consideration.

Forty-two, or 11 per cent, of the total number of cases studied are classified in the manic-depressive group, and it so happens that the same number were diagnosed psychosis with mental deficiency. In the manic-depressive group there are exactly twice as many females as males. Rosanoff[2] and other psychiatrists have noted that in women a manic-depressive psychosis quite frequently appears with the first pregnancy. In 5 out of the 28 female cases included in this group the first hospital admission occurred directly after childbirth. In two of these cases the child was born out of wedlock.

There are two and one-half times as many males as females included in this study with the diagnosis of psychosis with mental deficiency. It will be noted that there are also 9 females and 3 males who were diagnosed mental deficiency without psychosis. Theoretically, these latter patients do not belong in a hospital for mental diseases; practically, a transfer to an institution for the care of the feebleminded cannot always be effected, owing either to lack of vacancies in such institutions or to the fact that although the patient is not psychotic, the manifestations of his deficiency that brought him to a state hospital in the first place are such as to interfere seriously with his adjustments in a school for the feebleminded.

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[1] *The Social Significance of Dementia Praecox*, by Edith M. Furbush. MENTAL HYGIENE, Vol. 6, pp. 288–99, April, 1922.

[2] *Manual of Psychiatry*, by Aaron J. Rosanoff, M.D. New York: John Wiley and Sons, 1920. p. 285.

The distribution by age, as shown in Table I, is largely self-explanatory. Of the 385 patients studied, only 35, or 9 per cent, were married, all but four of whom were over twenty years of age at their first hospital admission. Twenty-five, or 22 per cent, of the women over twenty years of age are married, as compared with only 6, or 5 per cent, of the men in the corresponding age group. Nine, or 45 per cent, of the women over twenty years of age in the manic-depressive group are married as compared with one, or 12½ per cent, of the men in this group. Of the dementia-praecox patients, 11, or 14 per cent, of the women over twenty years of age are married as compared with 4, or 4 per cent, of the men.

An attempt was made to tabulate the outstanding social facts in the sex history of the patients studied, but owing to insufficient and in many cases incomparable data, the results were quite unsatisfactory, so much so that they cannot be summarized to advantage or evaluated. Of the female patients, it is known that seven have illegitimate children. Others have such histories as that of becoming pregnant by a married man who then financed an abortion, or of more extended sexual irregularities, sometimes accompanied by excessive worry and brooding. Many of the male patients have histories of worry in regard to masturbation or nocturnal emissions, as illustrated by the following statements found in the medical records:

> James D. states, "I have had the misfortune of self-abuse for one year, and could get no work on account of it. I was timid and ashamed."
>
> Benton P. gives a history of masturbation since eleven years of age, accompanied by excessive work. He states that he goes to shows to see nude women and masturbates while there.
>
> Edward B. tried to commit suicide; states that he was greatly worried about masturbation; thought that it showed in his eyes and that this was the reason people stared at him.
>
> Alfred W. "believes he has ruined himself thinking of sexual subjects which caused nocturnal emissions which depleted him physically".

The medical records of over one-half of the 385 patients studied reveal definite sexual difficulties, many of which were in the nature of fears, fantasies, and other reactions closely connected with their mental disease. This material is significant in that it illustrates how necessary it is for the psychiatric social worker to understand something of the relation of sexual factors to social maladjustment, that she may train herself to be alert in discovering, keen in observing, and skilful in handling whatever complications involving sex enter into the situations with which she must cope.

In Table II (page 809), the patients are classified according to the date of their first admission to the Boston State Hospital and their race. It will be noted that the general distribution corresponds roughly to that of the changes in immigration between 1865 and 1922.

The variety of racial groups represented shows that if the social worker is to deal intelligently with this group, she will need a wide knowledge of the racial background of each patient as affecting both his problems of adjustment to American customs and his relation to his parents, who in many cases cling tenaciously to their Old-World habits of thought and action and expect their children to measure up to the same standards. Psychiatric social workers have it in their power to make a distinct contribution toward the solution of the problems involved in adjusting the immigrant to New-World conditions. In so far as they have acquired the ability to observe mental phenomena intelligently and accurately, and to understand the mechanisms involved, they are in a strategic position to bring about a mutual understanding between the immigrant and his American associates. Without a definite knowledge of the traditions and characteristics that belong to the immigrant by virtue of his race and early environment, the psychiatric social worker will be in danger of interpreting habits of thought that are unfamiliar to her in terms of mental abnormality, thus vitiating her opportunity either to help in adjusting the individual or to contribute to an understanding of the immigration problem as a whole.

The length of the patients' hospital residence is also roughly indicated in Table II, although allowances are not made for occasional periods of trial outside the hospital. The one patient still in the hospital of those admitted in 1866 has never been on visit. His diagnosis is dementia praecox. On the other hand, the patient admitted in 1875, a manic-depressive, has been out of the hospital on seven trial visits of varying lengths. Edith M. Furbush, in the article already quoted, states that of each 100 deaths of patients with dementia praecox in 74 state hospitals throughout the country during 1920, 14 had a hospital residence of less than one year; 22 of more than one, but less than five years; 19 from five to ten years; 19 from eleven to nineteen years; and 26 for twenty years or over.[1]

TABLE II.—DATES OF FIRST ADMISSION OF PATIENTS BY RACES

Date of first admission	Total	African	Chinese	English	French	German	Irish	Italian	Jewish	Lithuanian	Portuguese	Scotch	Slavonic	Swedish	Syrian	Mixed	Unknown
1865–66	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
1875–76	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
1879–80	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
1887–88	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
1889–90	5	..	..	1	..	1	3	..	..	..	..	..	..	..	..	..	..
1891–92	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
1893–94	2	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..
1895–96	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
1897–98	7	..	..	3	..	..	3	..	..	..	..	..	..	..	..	..	1
1899–1900	9	..	..	2	..	..	5	..	..	..	1	..	..	..	..	..	1
1901–02	9	..	..	2	..	1	6	..	..	..	..	..	..	..	..	..	..
1903–04	11	..	..	3	..	..	7	..	..	..	..	..	..	..	..	1	..
1905–06	9	..	..	1	..	..	4	..	1	..	..	1	..	..	..	1	1
1907–08	10	..	..	1	..	..	5	..	4	..	..	..	..	..	..	..	..
1909–10	28	..	..	4	..	2	13	3	4	..	..	..	..	..	..	2	..
1911–12	29	..	..	5	..	1	15	1	7	..	..	..	..	..	..	..	..
1913–14	24	..	..	4	..	..	11	3	3	..	..	..	..	2	..	1	..
1915–16	41	2	..	7	..	1	13	6	9	..	..	..	1	..	..	2	..
1917–18	45	1	..	11	..	2	21	..	6	..	..	1	..	1	..	2	..
1919–20	54	1	..	10	2	..	19	4	9	1	..	..	3	1	..	4	..
1921–22	96	2	1	23	..	1	31	7	18	..	..	1	1	4	2	5	..
Total	385	6	1	80	2	9	160	24	61	1	1	3	5	8	2	18	4

Prolonged institutional care may reasonably be expected to become less often necessary as the early recognition and prompt treatment of mental disease becomes more common.

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[1] See note 1, page 806.

In the above-mentioned case of a dementia-praecox patient first admitted to the hospital in 1866, the admission note states that the patient was "violent, dangerous, suicidal". Cases in which hospital admission was delayed until long after the onset of the psychosis are not difficult to find, especially among the older records. The following are examples of such cases:

> The physicians' certificate admitting Mary K., in 1906, for the first time to the Boston State Hospital reads as follows: "Eight years ago she became hysterical and has refused to see people since, except occasionally a few who lived in the same house. She would remain in one room for months at a time. The condition became gradually more severe until within a few weeks the present condition manifested itself . . ." That is, she became excited, untidy, said she heard the Virgin telling her that she was to be married, and insisted that a man took her naked out of the window at night.
>
> Peter L. was first admitted in 1905. The admission note states that he "has been violent for three months; thinks he is Christ; is homicidal".
>
> When Arthur P. was first admitted in 1902, the informant stated that he had not spoken for two months.

Various admission statements selected at random from records of patients included in this study who were first admitted more recently seem to indicate a growing tendency toward earlier recognition and treatment of mental disease. For example:

> The physicians' certificate admitting Lucy J. in 1918 merely states that she "has had influenza recently and talks incoherently".
>
> In 1919, George M. was admitted by a certificate stating that "for the past month he has shown a decided character change; believes he is persecuted and has ideas of reference".
>
> Peter V. was arrested in 1922 by the police for stealing a hat, and taken to the Boston Psychopathic Hospital for observation. He was then transferred to the Boston State Hospital.

Many cases, however, as indicated from the following extracts from admission notes, still fail to receive early treatment:

> Joseph C., first admitted in 1919, "has broken all the windows at home three different times; is obscene to his sisters and deluded".
>
> Everett S., first admitted in 1922, "has been untidy for several years; sits by himself and laughs; seclusive and idle; at times violent".

The age grouping of the patients in 1922, as related to sex and nativity, are shown in Table III (page 811). It is interesting to note that while there are 26 native-born patients under twenty-one years of age, there are only 4 foreign-born; also that the average age of the foreign-born patients is 29.3 with a standard deviation of only 7.6, as compared with that of patients born in this country, which is 29.7 with a standard deviation of 9.3. The explanation is probably to be sought in a study of the nature and extent of immigration for the period of years covered by this analysis. Of the native-born, 58 per cent are males, while only 42 per cent of the foreign-born are males.

TABLE III.—AGE DISTRIBUTION OF NATIVE AND FOREIGN-BORN PATIENTS

Age in Years	*Total*			*Native-born*			*Foreign-born*		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
6–10	..	1	1	..	1	1	..	..	..
11–15	2	1	3	2	1	3	..	..	..
16–20	13	13	26	12	10	22	1	3	4
21–25	56	43	99	49	33	82	7	10	17
26–30	60	50	110	47	35	82	13	15	28
31–35	31	29	60	25	19	44	6	10	16
36–40	25	19	44	22	15	37	3	4	7
41–45	9	5	14	8	5	13	1	..	1
46–50	10	6	16	9	6	15	1	..	1
51–55	3	3	6	3	1	4	..	2	2
56–60	1	2	3	1	1	2	..	1	1
61–65	1	..	1	1	..	1	..	..	..
66–70	..	1	1	..	1	1	..	..	..
Over 70	1	..	1	1	..	1	..	..	..
Total	212	173	385	180	128	308	32	45	77

The amount of education of the patients in relation to diagnosis is shown in Table IV (page 812). Of the dementia-praecox patients, 29 per cent had at least a partial high-school education, as compared with 36 per cent of those in the manic-depressive group. It should also be noted that 27 per cent of the dementia-praecox patients received either "slight" education or did not go beyond the fourth grade, as compared with 17 per cent of those with manic-depressive psychoses. That is, if the small number of cases studied warrants the conclusion, it would appear that there is a larger proportion both of the well-educated and of those with only slight training among the dementia-praecox patients than in the manic-depressive group.

TABLE IV.—EDUCATION OF PATIENTS CLASSIFIED BY PSYCHOSES

		Psychoses										*Without psychosis*	
Education	Total	Dementia praecox	Manic-depressive	With mental deficiency	With psychopathic personality	With epilepsy	With somatic disease	Paranoid	Traumatic	Alcoholic	Undiagnosed	With mental defficiency	With psychopathic personality
Unknown	20	12	3	4	..	..	..	..	..	1	..	..	..
None	6	..	..	2	..	..	..	..	..	..	..	4	..
Slight	101	68	7	17	1	3	..	..	1	..	2	2	..
Grammar school													
First grade	4	1	..	1	..	..	1	..	..	..	..	1	..
Second grade	2	..	..	2	..	..	..	..	..	..	..	..	..
Third grade	4	2	..	2	..	..	..	..	..	..	..	..	..
Fourth grade	4	1	..	..	1	1	..	..	..	..	..	1	..
Fifth grade	10	5	..	1	1	1	..	..	..	..	1	1	..
Sixth grade	18	10	1	5	..	..	1	..	..	..	..	..	1
Seventh grade	24	12	3	5	1	..	1	..	..	..	..	2	..
Eighth and ninth grades	14	10	1	1	..	1	..	..	..	..	..	1	..
Graduated	68	55	10	..	2	..	..	1	..	..	..	..	..
High school													
First year	24	18	4	1	1	..	..	..	..	..	..	..	..
Second year	17	13	2	1	1	..	..	..	..	..	..	..	..
Third year	12	9	3	..	..	..	..	..	..	..	..	..	..
Fourth year	2	2	..	..	..	..	..	..	..	..	..	..	..
Graduated	26	20	4	..	..	..	1	1	..	..	..	..	..
Special training													
Supplementing high school	16	14	2	..	..	..	..	..	..	..	..	..	..
Without high school	13	11	2	..	..	..	..	..	..	..	..	..	..
Total	385	263	42	42	8	6	4	2	1	1	3	12	1

One would then expect to find a corresponding variation in the type of occupations held by patients in these two groups. As a matter of fact, the distribution according to occupation, when expressed in percentages, is as follows:

Occupation[1]	*Dementia praecox*	*Manic-depressive*
Factory and unskilled	43.0	38.1
Selling and buying	16.0	11.9
Trades and semi-skilled	14.4	11.9
Clerical and office	5.7	11.9
Vocational and professional	2.7	7.1

A close comparison of these percentages with those of the comparative education of the two groups shows that, although 17 per cent of the manic-depressive group as compared with 27 per cent of that of dementia praecox received only a slight education, only 5 per cent more of the dementia-praecox patients than of those in the manic-depressive group were engaged in factory work and miscellaneous unskilled labor. Also, a larger percentage of the manic-depressive group is engaged in clerical and office work and in the vocations and professions than one would expect on the basis of educational fitness when compared with the corresponding percentage of the dementia-praecox group.

Possibly the frequency of a seclusive make-up in individuals who later develop dementia praecox may account in part for what appears to be an inability to hold positions commensurate with their intellectual ability. In view of the fact that the occupations listed represent only the last known positions held by the patients, it may be that the slow onset of dementia praecox as compared with that of the manic-depressive psychoses resulted in such a gradual lowering of efficiency that many of the occupations listed do not fairly represent the high-water mark of the patient's career.

None of the group with the diagnosis of psychosis with mental deficiency were engaged in work as highly skilled as that of clerks and office employees, or in fact in the more difficult of the trades and semi-skilled occupations. The same is true for the patients diagnosed psychosis with psychopathic personality, with the exception of one man engaged in clerical work.

A study of occupation as related to sex, as tabulated in Table V (pages 814-15), shows that of the 50 varieties of occupations listed, 30 are held by men only and 7 by women only,

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[1] The occupations are listed in detail in Table V, pages 814-15.

Table V. — Occupation of Patients in Principal Psychoses

OCCUPATION	PSYCHOSES												
	Total	*Dementia praecox*			*Manic-depressive*			*With mental deficiency*			*With psychopathic personality*		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Unknown	2	1	1	2	..	..	..	..	..	..	..	..	..
None	55	16	21	37	2	4	6	8	3	11	..	1	1
School	13	4	5	9	1	1	2	1	1	2	..	..	..
Factory	53	17	23	40	..	2	2	4	3	7	..	4	4
Miscellaneous unskilled:													
Elevator operator	4	3	1	4	..	..	..	..	..	..	..	..	..
Hostler	1	..	..	..	..	..	..	1	..	1	..	..	..
Housewife	17	..	7	7	..	8	8	..	2	2	..	..	..
Housework	21	..	17	17	..	1	1	..	3	3	..	..	..
Janitor	1	1	..	1	..	..	..	..	..	..	..	..	..
Kitchenman	4	3	..	3	..	..	..	1	..	1	..	..	..
Laborer	40	32	..	32	1	..	1	5	..	5	2	..	2
Laundry worker	1	..	1	1	..	..	..	..	..	..	..	..	..
Nursemaid	1	..	..	..	..	1	1	..	..	..	..	..	..
Pedler	2	..	..	..	1	..	1	1	..	1	..	..	..
Porter	7	6	..	6	..	..	..	1	..	1	..	..	..
Scene shifter	1	1	..	1	..	..	..	..	..	..	..	..	..
Waiter	4	1	..	1	..	2	2	1	..	1	..	..	..
Selling and buying:													
Advertising solicitor	1	1	..	1	..	..	..	..	..	..	..	..	..
Canvasser	1	1	..	1	..	..	..	..	..	..	..	..	..
Clerk (in shop)	12	5	6	11	..	1	1	..	..	..	..	..	..
Clerk (unspecified)	16	9	4	13	1	1	2	1	..	1	..	..	..
Messenger	9	6	1	7	..	..	..	2	..	2	..	..	..
Newsboy	3	2	..	2	1	..	1	..	..	..	..	..	..
Salesman	7	5	1	6	..	1	1	..	..	..	..	..	..
Shoe polisher	1	1	..	1	..	..	..	..	..	..	..	..	..

Trades and semi-skilled:													
Barber	1	1	..	1	..	..	..	..	..	..	..	..	..
Brakeman	1	1	..	1	..	..	..	..	..	..	..	..	..
Carpenter's helper	1	..	..	..	1	..	1	..	..	..	..	..	..
Chauffeur	2	2	..	2	..	..	..	..	..	..	..	..	..
Compositor	3	1	2	3	..	..	..	..	..	..	..	..	..
Cook or baker	2	1	..	1	..	1	1	..	..	..	..	..	..
Electrician	2	1	..	1	1	..	1	..	..	..	..	..	..
Express or postman	3	2	..	2	1	..	1	..	..	..	..	..	..
Fireman	2	2	..	2	..	..	..	..	..	..	..	..	..
Gas-meter reader	1	1	..	1	..	..	..	..	..	..	..	..	..
Milliner	2	..	2	2	..	..	..	..	..	..	..	..	..
Painter	2	1	..	1	..	..	..	1	..	1	..	..	..
Plumber's or machinist's helper	14	11	..	11	..	..	..	3	..	3	..	..	..
Printer	3	3	..	3	..	..	..	..	..	..	..	..	..
Seamstress or tailor	8	1	6	7	..	1	1	..	..	..	..	..	..
Clerical and office:													
Bookkeeping or clerical	8	1	5	6	..	1	1	..	..	..	1	..	1
Draftsman	1	1	..	1	..	..	..	..	..	..	..	..	..
Shipper	2	1	..	1	1	..	1	..	..	..	..	..	..
Stenographer	8	1	5	6	1	1	2	..	..	..	..	..	..
Telephone operator	1	..	1	1	..	..	..	..	..	..	..	..	..
Telegraph operator	1	..	..	..	1	..	1	..	..	..	..	..	..
Professional and vocational:													
Convent	1	..	..	..	..	1	1	..	..	..	..	..	..
Minister	1	..	..	..	1	..	1	..	..	..	..	..	..
Nurse	3	1	2	3	..	..	..	..	..	..	..	..	..
Social worker	1	..	1	1	..	..	..	..	..	..	..	..	..
Teacher	4	1	2	3	..	1	1	..	..	..	..	..	..
Total	355	149	114	263	14	28	42	30	12	42	3	5	8

leaving a remainder of 13 varieties in which both men and women are employed. At first thought, one might expect that the much smaller range of occupations for women might be at least partially explained by their preponderance in the occupations of "housework" and "housewife". As a matter of fact, a similar maximum frequency of men in one unskilled occupation is found. That is, while 24 per cent of the women are either housewives or are engaged in housework, 20 per cent of the men are classed as laborers.

Factory work, however, claims 20 per cent of the women, but only 11 per cent of the men.

The relationship of social work to the entire group of patients is shown roughly in the three following summaries.

The first deals with those patients who have never been on visit from the hospital, showing how long a time elapsed after their first admission to the hospital before they were referred to the social-work department:

Time elapsed after first admission	*Males*	*Females*	*Total*
Unknown	..	2	2
0– 1 month	16	7	23
1– 3 months	6	4	10
3– 6 months	2	2	4
6– 9 months	4	..	4
9–12 months	..	..	..
1– 2 years	3	2	5
2– 3 years	2	3	5
3– 4 years	2	..	2
4– 5 years	2	..	2
Over 5 years	4	3	7
Total	41	23	64

Of those patients who have been on visit, it is more important to know how many were referred for social work before leaving the hospital for the first time, and how many were not thus referred until they had made at least one attempt to adjust themselves in the community. The next summary, therefore, shows how long *before* their first visit certain patients were referred for social work, while the third summary shows how long *after* their first visit certain others were thus referred:

Time elapsed prior to first visit	*Males*	*Females*	*Total*
Unknown	7	7	14
0– 1 month	1	8	9
1– 3 months	1	4	5
3– 6 months	1	5	6
6– 9 months	3	4	7
9–12 months	..	1	1
1– 2 years	1	3	4
2– 3 years	..	4	4
3– 4 years	..	..	..
4– 5 years	..	1	1
Over 5 years	..	..	..
Total	14	37	51

Time elapsed after first visit	*Males*	*Females*	*Total*
Unknown	1	1	2
0– 1 month	1	3	4
1– 3 months	1	2	3
3– 6 months	..	5	5
6– 9 months	3	..	3
9–12 months	4	4	8
1– 2 years	..	..	..
2– 3 years	..	..	..
3– 4 years	1	1	2
4– 5 years	1	..	1
Over 5 years	3	8	11
Total	15	24	39

Only 154 of the 385 patients studied have ever been referred for social work. Of these 154 patients, 64, or 42 per cent, have never been on trial visit from the hospital. This means that the social worker has served this hospitalized group only by securing medical histories; by making investigations relative to the patient's diagnosis; in the case of ex-soldiers, in coöperating with the Red Cross and with the Veterans Bureau in filing the patient's claim for compensation, and so forth; and in some cases by rendering assistance of various kinds to the family of the patient. Occasionally there has been also a home investigation, which did not result in allowing the patient to leave the hospital on a trial visit. Various miscellaneous services have also been rendered by the social worker for patients in this group, such as locating relatives, making arrangements in regard to the patient's personal possessions, getting a signed permit from the patient's guardian or nearest relative for a lumbar puncture, and the like.

The patients who have been on visit are classified in two groups—namely, those who were referred for social work prior to their first trial visit, and those who were not known to the social worker until after they had left the hospital. Of the 90 patients known to the social-work department who have been on visit, 39, or 43 per cent, were not referred until after they had left the hospital. In many cases this means that no assistance in making social readjustments was offered until the patient had failed at least once to fit into the life of the community with only such help as friends and relatives could give him.

There are many reasons for this delay in referring patients in this group for social work, of which possibly the most serious is the inadequate number of social workers on the hospital staff. For the year ending November 30, 1922, the average daily number of patients on the books of the Boston State Hospital was 2,272.89,[1] whereas the social-work department consisted of three paid workers, or one worker to every 757.63 patients. The average daily number of patients on trial visit or boarded out during this same year was 294.52, that is 98.17 patients per social worker. It should be added that for several years the department has had the services of two students for nine months of the year; also that many of the patients in the hospital, and probably a number of those outside, do not require the assistance of the social-work department.

Table VI (pages 819-20) outlines the types of social work rendered to the 154 patients referred to the department. It may be well to define the terms used in this table:

Medical History: A detailed account, from the nearest relative or chief informant, of the patient's family and personal history, with particular reference to the onset of the mental illness.

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[1] Annual Report of the Boston State Hospital for the year ending November 30, 1922.

TABLE VI. — SOCIAL SERVICE RENDERED PATIENTS CLASSIFIED BY PSYCHOSES

Social service rendered	Total	*Psychoses*								*Without psychosis*	
		Dementia praecox	Manic-depressive	Mental deficiency	Psychopathic personality	Epilepsy	Somatic disease	Paranoid	Undiagnosed	Mental deficiency	Psychopathic personality
Medical history	18	15	..	2	..	..	..	..	..	1	..
Medical history plus investigation	1	1	..	..	..	..	..	..	..	..	..
" " plus home investigation	2	1	..	1	..	..	..	..	..	..	..
" " plus follow-up	3	2	..	..	1	..	..	..	..	..	..
" " plus general supervision	6	2	1	..	2	1	..	..	..	..	..
" " plus home investigation plus follow-up	1	1	..	..	..	..	..	..	..	..	..
" " plus soldier investigation plus follow-up	3	2	1	..	..	..	..	..	..	..	..
Investigation	16	9	3	1	..	..	..	..	1	2	..
Investigation plus general supervision	7	2	2	1	..	..	..	..	..	1	1
" plus home investigation plus follow-up	2	..	1	..	..	..	..	..	..	1	..
Soldier investigation	16	10	2	2	..	..	1	1	..	..	..
Soldier investigation plus general supervision	2	1	..	1	..	..	..	..	..	..	..
" " plus home investigation plus general supervision	3	2	..	1	..	..	..	..	..	..	..

TABLE VI. — SOCIAL SERVICE RENDERED PATIENTS CLASSIFIED BY PSYCHOSES—Continued

Social service rendered	Total	*Psychoses*								*Without psychosis*	
		Dementia praecox	Manic-depressive	Mental deficiency	Psychopathic personality	Epilepsy	Somatic disease	Paranoid	Undiagnosed	Mental deficiency	Psychopathic personality
Home investigation	6	4	2	..	..	..	..	..	..	..	..
Home investigation plus follow-up	1	1	..	..	..	..	..	..	..	..	..
" " plus general supervision	18	9	3	3	1	..	1	..	..	1	..
Family assistance	2	..	1	..	1	..	..	..	..	..	..
Follow-up	23	21	1	..	..	1	..	..	..	..	..
General supervision	12	5	4	1	1	..	..	..	1	..	..
Miscellaneous	12	10	1	1	..	..	..	..	..	..	..
Total	154	98	22	14	6	2	2	1	2	6	1

Investigation: Search for additional information, from one or more sources, relating to the diagnosis of the patient's disease or to the understanding of the patient's mental or physical condition.

Home Investigation: An examination of a prospective home for a patient whom the psychiatrist is considering allowing out on trial visit. Such an examination may extend beyond the home itself until it becomes a thorough study of the environment to which the patient would be subjected if allowed to leave the hospital.

Soldier Investigation: A definite procedure carried out in conjunction with the Red Cross and the Veterans Bureau in regard to such questions as compensation, insurance, guardianship, and the like.

Family Assistance: Under this heading are included all services rendered families of the patients by the social worker not relating primarily to the patient's own welfare. These services may vary all the way from advice and the giving of information concerning the patient's hospital care to a prolonged supervision of the patient's children or siblings when they are found to present psychiatric problems.

Follow-up: Many patients on trial visit are seen from time to time either to urge them to report to the hospital clinics, or merely to secure information for the psychiatrist as to their condition. This variety of slight service is frequently termed "follow-up".

General Supervision: In all cases referred for general supervision, the social worker undertakes to do thorough case-work, involving social investigation, analysis, plan for social treatment, and social treatment itself.

Out of the 154 cases known to the social-work department, general supervision has been attempted in only 48 cases, 39 of which were female and 9 male. In the dementia-praecox group, 6 males and 15 females were generally supervised; in the manic-depressive group, 10 females; in the group of psychoses with mental deficiency, 2 males and 5 females; and in the group of psychoses with psychopathic personality, general supervision was given 4 females. General supervision was also given one male epileptic; one female diagnosed psychosis with somatic disease; one female, undiagnosed; two mentally deficient females without psychosis; and one psychopathic female without psychosis.

The nature of social work rendered to patients who are referred for general supervision is roughly illustrated by the following brief summaries of case records selected from representative diagnostic groups:

Hannah G., a seventeen-year-old Russian Jewess, was first admitted in 1905, to the Boston State Hospital, where she was diagnosed manic-depressive, depressed. In 1906, she was tried in the community, but returned of her own accord, greatly depressed, a few months before the year was up. Between 1906 and 1911 her cycles were so frequent that it was not thought advisable for her to leave the hospital. After two more brief visits, at Hannah's own request she was referred to the social-work department for general supervision prior to going out again on visit in 1914.

Since 1914, she has been in and out of the hospital at varying intervals, but always under the supervision of the social-work department when out of the hospital. She has been on five trial visits during this time, the longest lasting two years and six months, the shortest, five days. During the last eight years, Hannah has spent 62 per cent of her time in the community, always supporting herself while on visit, as compared with spending in the community only 7 per cent of the nine years just previous to being referred to the social-work department. Doubtless social work alone does not account for this improvement, but in all probability the social worker did assist in effecting a better adjustment of the patient in the community.

The social worker first attempted to readjust Hannah in her home with her family, consisting of her father and three brothers. Her mother was dead. It soon became evident that Hannah was not equal to this situation, especially as her father was alcoholic and her brothers indifferent. Frequent changes of employment followed, accompanied by varying degrees of success. The quality of her work, whether in store, hospital, or home was satisfactory, but, becoming depressed and dissatisfied, she would leave of her own accord.

Hannah was perhaps most contented during the year and a half spent with Mrs. R., assisting in the housework. Mrs. R. was genuinely interested in Hannah, teaching her to cook, and making a really fine housekeeper out of her. During this period Hannah was kept in close touch with the hospital, attending the dances, reporting to the psychiatrist, and frequently coming of her own accord to consult the social worker. Her interest in her father was nurtured. She visited him and tried to help him straighten out his little home, while every week on her day off she had her noon meal with him, then frequently going to the theater with friends.

She left this position to accept an invitation to visit a married brother in Idaho. While with him she had a very severe attack of influenza and pneumonia from which she did not make a good recovery. She became so depressed that in April, 1920, she returned to Boston and came directly to the hospital, asking to be taken in. After a few months she returned to Mrs. R., with whom she stayed for about a year, leaving when in a mildly depressed state, which finally necessitated her return to the hospital, where she remained for about four months.

The underlying causes of Hannah's depressions, whatever they may be, appear to be still operating. In spite of this, something has been accomplished in the way of compensation by changing her environment and by meeting her conscious mental difficulties with an understanding based upon a general knowledge of the types of mechanisms involved in manic-depressive psychoses. If this assistance in making social adjustments could have begun in 1906, when Hannah first went on visit, instead of in 1914, it seems probable that her history to-day might read somewhat differently. So few cases in this group have been given general supervision that safe comparisons cannot yet be drawn between the results in Hannah's case and those in other manic-depressive cases more recently referred for social work when leaving the hospital for the first time.

Bridget W., eighteen years old upon admission, was diagnosed psychosis with mental deficiency. Within a year, the social worker was asked by the psychiatrist to make plans for placing Bridget in the community on trial visit under as close supervision as possible. When Bridget had come to the hospital, her conversation had been entirely about sex. She had masturbated to excess, and, if not watched, would sit at the window with her limbs exposed, calling to men who passed by. She had frequently expressed the desire to have a baby.

Bridget's married brother consented to try her in his home. The brother's wife thought that Bridget should be allowed to go shopping, or to visit friends, as freely as any normal girl of eighteen, but was taught to understand Bridget's need of careful supervision. Bridget became very fond of her brother's baby and proved helpful in caring for it.

Later, Bridget was boarded by another brother with Mrs. M., who also had to be shown what responsibilities she was assuming and how to make proper allowance for Bridget's handicaps. After she had been in Mrs. M.'s care for about four months, Mrs. M. reported that she had shown a great deal of improvement, doing little duties about the house much better, keeping very neat and clean, and no longer becoming easily irritated. During this time, Bridget's brother often came to see her, occasionally bringing her candy or taking her to the movies.

At one time, Bridget was temporarily returned to the hospital, pending a readjustment between the brothers as to the payment of her board. It was finally decided that she should return to her married brother's. A careful plan was worked out as to just what household duties were to be given to Bridget, what share each brother was to assume in her support, the amount and kind of recreation she should have, and by whom it was to be supplied and supervised. All went smoothly for four months, when Bridget became restless and irritable, upon one occasion locking herself in the bathroom and turning on the gas. Finally she was returned to the hospital, where she has since remained except for occasional short visits either to her married brother's or to the home of Mrs. M.

In this case, as in that of Hannah G., a permanent adjustment in the community will in all probability never be effected. Nevertheless, the social worker has from many points of view spent her efforts to advantage. She has made it possible for the patient to remain for a considerable length of time in the community where she has probably earned at least half of her support, as well as played her part in society in less material ways. This adjustment was made possible not so much by working with the patient, as by educating the people with whom she came in contact. This function of the psychiatric social worker, if intelligently carried out, will have far-reaching effects in preparing the community for the development of preventive work by fostering an intelligent attitude toward mental abnormalities, thus gradually removing the stigma attached to mental disease.

Comparatively little has been attempted by the social-work department in the way of general supervision of dementia-praecox patients, and still less has been accomplished. The experience of the social-work department in trying to adjust such patients in the community is illustrated by the following examples:

Julia C., twenty-three years old, after graduating from high school at seventeen, had for three years attended art school, where she had won a scholarship covering her expenses for the last year. When admitted to the Boston State Hospital, a diagnosis of dementia praecox, hebephrenic type, was made. About a year after her admission, the psychiatrist referred her to the social-work department with the recommendation that she be tried at the small occupational-therapy center in Hopkinton, which is under the direction of the head social worker.

At first, Julia showed a little interest in painting cards and in doing some simple cross-stitching. She also drummed out a few tunes on the piano with much zest. Some of the other patients took her with them on a coasting party, and all reported a splendid time. After a few weeks, however, Julia began to burn things—papers, material given her for sewing, her nightgown, and so forth. Consequently, she was returned to the hospital.

Angelo R., twenty-five years old, also a dementia-praecox patient, hebephrenic type, has been out of the hospital for nearly a year. The social worker made the home investigation and continued the case under general supervision. For several months Angelo sat around listlessly in the house, often staying in bed a part of the day, and constantly refusing to occupy himself. He was then persuaded to attend the Sloyd School of Occupational Therapy. At first it was necessary to accompany him to and from the school, but now he is going alone, and seems to have no difficulty in changing cars or in getting to school on time. He says that he likes the school very much, and the fact that he goes regularly without any urging bears this out.[1]

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[1] Angelo has recently (1923) become interested in helping his father paint their house, and says that he wants to find a job for the days when he has no classes at the Sloyd School.

These two cases of dementia praecox illustrate the fact that at the present time the psychiatric social worker is limited, in the attempt to supervise dementia-praecox patients in the community, by the lack of understanding of this disease on the part of the psychiatrists upon whose direction she must depend. About all the social worker can do for the type of dementia-praecox patients found in state hospitals is to attempt to provide for the patient a normal environment in which occupational interests are emphasized, and to make careful observations of the results.

Even this brief study shows that psychiatric social work is still in an empirical stage. The social worker has no definite knowledge of those causes of the patient's social maladjustment which lie in the field of the unconscious, and in hospitals where psychoanalysis is not practised, the psychiatrist is generally unable to assist the social worker in understanding the fundamental social difficulties of the patient. Even with a full knowledge of the causes of a given patient's social maladjustment, at present the social worker would be unable to supply a technique adequate to cope with all problems of social adjustment on other than an empirical basis.

Perhaps the social worker should be engaged in both preventive and remedial work at the same time, if for no other reason than for that development of social technique which would occur through the interplay of experiences in dealing, on the one hand, with comparatively normal individuals and, on the other, with those known to be definitely psychotic. In studying less complex social maladjustments due either to purely social causes or to slight premonitory mental symptoms, the social worker would gain further insight into the grosser forms of social difficulties occurring in the majority of state-hospital cases. Similarly, her experience with frank social and mental symptoms of definitely psychotic patients would assist her substantially in developing a technique of social treatment to be used in preventive work.

What opportunities for such preventive work lie within the field of the state-hospital social worker? As a partial answer to this question, let us consider the siblings of patients included in this study. Of the 385 patients studied, 17 have one sibling each who has been admitted to the Boston

State Hospital, while in each of two cases, two siblings have been patients there. It so happens that in each of these 17 cases there are other living siblings who are not known to have any history of mental disease. The average number of well siblings per patient in this group of 17 cases is three, the distribution ranging from eight to one. Of the total number of 56 well siblings, 16 are known to be younger than the patient and 23 older, while in 17 cases the exact age of the siblings does not appear in the history.

The number of siblings was definitely determined for 320, or 83 per cent, of the 385 patients studied. In only 25 cases was the patient an only child, while in 107 cases there were 5 or more siblings. The average number of siblings per patient was 3.5, with only a very slight deviation from this average in the different diagnostic groups.

The patient's medical record often reveals conditions that emphasize the need of preventive work from a psychiatric standpoint among other members of the family. The medical record of Evelyn T. illustrates this possibility particularly well:

> Evelyn T., twenty-two years old, is a case of dementia praecox. In the hospital she has been violent, attacking the nurses, scratching them, and pulling their hair; she has shown mutism and catatonia; she has to be dressed and undressed and is untidy, both wetting and soiling her clothes.
>
> At home are her father, her mother, one brother, and five sisters. The father is a painter by occupation and works steadily, although he is constantly tired and worn. He is sociable and pleasant, but becomes excitable and ''nervous'' if things go wrong, and is constantly worrying about the family finances. The mother is very delicate looking and states that she has a ''fallen womb''.
>
> Evelyn, the patient, is the oldest child. Her brother Carl, twenty-one years old, is ''a sober fellow'', studying very hard to become an electrician. Dorothy, fifteen years old, is in the sixth grade. She has mastoid trouble and because of this is merely visiting school. Mary, thirteen, in the fifth grade, is delicate, tires easily, and has the rickets. Flora, twelve, is also in the fifth grade. The record states that she ''has had Bright's disease''. Marian, ten, is in the fourth grade and is described as ''pale, fretful, and restless''. Helen, three, is said to be in good health.
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> Evelyn's father and mother came from Nova Scotia, bringing with them simple, but wholesome standards of living, but their small income has led to compromises even in the necessities of life. Evelyn, however, graduated from the Practical Arts High School, and had planned to work her way through college and become a social worker until the

family physician advised strongly against subjecting her rather poor health to such a strain.

During the summer, Evelyn grieved a great deal because forced to give up her plan for a career, seemed absent-minded, and insisted that she was not as bright as her sister Dorothy. She cried so much that her mother finally took her to the doctor, who advised general health measures.

In the fall, she entered upon nurses' training in a general hospital. She had a ten days' ''nervous breakdown'' in March, during which she insisted that the Catholics were persecuting her. She then worked ten days, but became so upset that she was sent home, where she rested for two weeks, returning to take her examinations, which she passed with high marks. About the end of April, a patient asked her to stay with him until he died, but she was not allowed to do this. She was, however, detailed to ''lay him out'', during which she imagined that he got up and followed her. She then began to worry about seeing the face of a woman who had died, and feared that she had given her the wrong medicine.

She returned home, where she slept poorly, had no appetite, and spent hours reading the Bible and medical books. One day she suddenly attempted to choke her mother, but was prevented from doing so by the joint action of the other children. She was then brought to the hospital.

Such a history gives rise to many questions as to the function of a social worker in any program for the prevention of mental disease, and more specifically in state-hospital programs as they exist to-day. Remembering that in a hospital as well-equipped as the Boston State Hospital, there is only one paid social worker to every 758 patients, is it out of the question to attempt preventive work on the basis of a history containing such social facts as summarized in the example cited above?

Before attempting to answer this question, there are others to be considered. Can the social worker assist the parents and siblings in adjusting to this tragedy of Evelyn's change from an ambitious, attractive girl, filling her place as eldest daughter in the family circle, to an apathetic, untidy, and occasionally violent patient on a disturbed ward of the Boston State Hospital? If fears of another similar break in the family circle are haunting the parents or the older children, how can the social worker see and meet the situation? What effect has the shock of watching their big sister attempt to choke their mother had upon the younger children? Can the physical handicaps of the children be overcome, and what bearing would this have upon their mental health? How can the ambitions of each child find a suitable expression without sacrificing either their health or the ideals built up by family tradition and broad home interests? If the father is not assisted, how long will he be able to struggle along under the burdens he is carrying?

Dr. C. Macfie Campbell points out that "mental disorders tend to thrive on the soil of faulty habits and unsatisfactory environment; with uncongenial occupation, with sources of recreation limited through lack of training in appreciating the harmonies of life, with sense of personal and civic responsibility uncultivated, with no clear realization of the sound basis of good sexual standards, the continuation of healthy adjustment depends altogether on original constitution and luck".[1] Surely, "original constitution and luck" must largely be responsible for any "continuation of healthy adjustment" in the family of Evelyn T., and there seems to be little reason to suppose that either will be equal to the needs of at least certain members of the family.

Regardless of the present unavoidable pressure of work in state hospitals, the psychiatric social worker should consider the possibility of handling a few carefully selected cases such as that of Evelyn T., from the standpoint both of the prevention of mental disease and of research, with such care as to make the disproportionate amount of time spent a sound investment for the state. In so doing she will not only secure results in the actual cases handled, but through a consequent development of technique, she will also meet with greater success in the regular hospital cases with which at present she is more familiar. The social worker could undoubtedly secure such willing coöperation from the psychiatrists in the hospital where she is employed as to make it possible to do an intensive piece of work upon one or more definitely preventive cases.

Even to consider the possibility of undertaking such a modest program of preventive work in the state hospitals as they exist to-day is a far cry from the attitude toward mental disease in 1866, when the oldest patient included in this study was first admitted to the Boston State Hospital. Mental disease is gradually losing its stigma; many early cases receive prompt treatment in clinics of various kinds, either delaying or actually preventing hospitalization; the hospitals themselves offer an increasing amount of constructive treatment; while with the help of the social worker many patients are assisted in making a readjustment in the community.

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[1] "The Relation of Social and Economic Factors to Mental Hygiene", by C. Macfie Campbell, M.D. *American Journal of Public Health,* Vol. 6, December, 1916. p. 1281.

A similar study, if made fifty years hence, of the relation of social work to those patients in the Boston State Hospital who were not over twenty-five years of age at their first admission, would in all probability show a distinct advancement of social work beyond the empirical stage in which it exists to-day. This probable advancement as related to this youthful group of the hospital population will be conditioned by the attitude of the social worker toward the problems that they present. In so far as she develops a conscious, active attitude, she will study such factors as racial background, education, occupation, and recreation in relation to the mental life of individual patients, and, working under the guidance of the psychiatrist, will through her own experience and that of her fellow workers develop a technique increasingly successful in effecting social adjustments.

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ABSTRACTS

A Study of the Sex Life of the Normal Married Woman; the Happiness of Married Life. By Katharine Bement Davis, Ph.D. *Journal of Social Hygiene,* 9:1-26, 129-46, January and March, 1923.

This paper is one of a series of articles on the results of a questionnaire sent out by the Bureau of Social Hygiene, in collaboration with a special committee, to 10,000 women, from whom 1,000 replies have been received. The questionnaire was divided into five sections: A, "General"; B, "Childhood"; C, "Adolescence"; D, "Marriage"; and E, "For Women Who Have Passed the Menopause". Sections A and B have already been discussed[1] as well as one phase of section D.[2] The present article also is on that section and more are in preparation.

The women to whom the questionnaire was sent were selected on the basis of being married women of respectable standing in the community and of sufficient intelligence and education to understand and answer the questions submitted. The replies to Section A showed that the group as a whole was much above the average in education. About 60 per cent had been gainfully employed before marriage. The majority of them were in good health. The group, therefore, is very homogeneous and may be assumed to have fairly uniform standards of married happiness.

The great majority of these women—872 out of the 1,000—stated unequivocally that their married lives had been happy. Twelve failed to answer. One hundred and sixteen were either partially or utterly unhappy. The reasons for unhappiness were not stated in 6 cases; 88 women gave one reason, 20 two each, and 2 three each. The reason most often given was incompatibility of temperament or interests, which appeared 40 times. "Difficulties of adjustment of sexual life" was given 23 times—on the part of the husband in 18 cases, on the part of the wife in 5. Economic reasons appeared 14 times, unfaithfulness of husband 12, and alcoholism of husband 10. "No children" was given only 4 times, though 20 per cent of the group of 1,000 were childless. Disparity of age was mentioned only 3 times.

A comparison of the ages of the happy and the unhappy group showed that the average age of the happy was 37.5 and that of the unhappy 42.9; in other words, the unhappy averaged 5.4 years older. In the matter of educational attainments, the percentage of college women in the happy group was 77.3 and in the unhappy 66.9.

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[1] *The Social Hygiene Bulletin,* Vol. 8, No. 6, pp. 9-11, and No. 12, pp. 6-8, June and December, 1921.

[2] "The Use of Contraceptives." *Journal of Social Hygiene,* Vol. 8, pp. 173-89, April, 1922.

In order to eliminate these two factors of age and education, in which there seemed to be real differences between the two groups, a selection was made from the happy group of 116 cases corresponding exactly in age and education to the 116 unhappy cases. It was therefore possible to compare the unhappy 116 not only with the whole happy group, but with a happy group of 116 exactly similar in respect to age and education.

Certain differences between the two groups of 116 are marked enough to assume significance. In the matter of good health before marriage, general sex instruction before marriage, stability of health after marriage, and the presence of children in the home, the percentages are a good deal higher among the happy 116. It may be presumed, therefore, that these factors definitely make for happiness in married life. On the other hand, to judge from the percentages in these two groups, spooning, sex intercourse before marriage, and occupation outside the home after marriage apparently militate against the happiness of marriage.

There is possible significance in the fact that in the happy group the age of both husband and wife at the time of marriage is somewhat greater than in the unhappy group. The percentage of those who recollect sex feeling in girlhood is greater in the unhappy group and may be significant. No real differences between the two groups are demonstrable in regard to recollection of sex feeling in childhood, sex practices during childhood, masturbation in girlhood, strong sex feeling for other women—with or without physical expression—and occupation before marriage.

Taking up the sex side of married life, the study seems to indicate not only that preparation for that phase of marriage makes for happiness, but that there is a correlation between preparation and the attractiveness of the marriage relation as first experienced; also that when these first experiences are pleasurable, there is a greater chance for subsequent happiness. The replies of the women who found the relation attractive stress over and over again the unselfishness, consideration, and self-control of the husband, while just the opposite qualities are most often emphasized in the other group. ''The wife ignorant, unprepared, shocked at the strength of her husband's passion; the husband unable to realize this, inconsiderate, uncontrolled; a long period of adjustment—and if this fails, unhappiness for both.''

Four times as many of the happy women as of the unhappy had found sex relations pleasurable during their entire married life, while at the time of filling out the questionnaire more than four times as many of the unhappy group as of the happy found them distasteful. The chance for happiness is apparently about even where the husband's intensity and frequency of desire are greater than those of the wife, over 50 per cent of both groups falling in this class. Where intensity and frequency of desire are about the same in both, the chances of happiness are greater, while the higher percentage of cases in which the wife's desire is greater is found in the unhappy group.

Little difference was found between the two groups in the matter of frequency of sex intercourse. However, 7.3 per cent more in the unhappy than in the happy group gave the reply ''more than once a day'', while 11.3 per cent more of the happy group returned the answer ''one to three times a month''. A definite trend seems indicated in both cases, though the actual numbers involved are very small.

No relationship could be shown between the use of contraceptives and the happiness of married life, but abortion was about three times as frequent in the unhappy group. No differences large enough to be significant were found to exist between the two groups in the matter of intercourse during pregnancy.

In closing, Dr. Davis emphasizes the fact that it is not safe to draw general deductions from this study in view of the fact that it is concerned with a selected and relatively small group. The findings do, however, seem to indicate certain trends that are worthy of further investigation.

THE SALVAGE OF THE BACKWARD CHILD. By Walter E. Fernald, M.D. *The Boston Medical and Surgical Journal,* 189:161-65, August 2, 1923.

Dr. Fernald outlines here the advances that have been made in the care and training of the feebleminded in the state of Massachusetts since 1912, the year the Massachusetts Society for Mental Hygiene was organized. Some of the important changes have been as follows:

The Wrentham School has increased its capacity from 400 patients to 1,500.

Both the Waverley and the Wrentham schools have instituted social-service departments, which supervise in the community more than 500 trained patients formerly supported by the state and now earning their own livings.

The out-patient departments of these two schools now examine and give advice to more than 1,500 mentally defective persons annually, enabling the great majority of them to be safely and comfortably cared for at home instead of being supported at public expense in an institution.

The Belchertown State School, opened in 1922, has over 300 inmates and will be rapidly developed to its capacity of 1,500.

The School-clinic Law of 1919 provides for the mental examination of all school children in the state who are three or more years retarded. Under this law the state has been divided into 13 districts, each of which has been assigned to one of the state mental hospitals. Each hospital has organized a traveling clinic, consisting of a psychiatrist, a psychologist, and a social worker, who examine the retarded school children in the various towns in the district and give specific advice as to care and training to the local school authorities and to parents. By this means expert attention is secured for every feebleminded child within the borders of the state. The great majority of the defective children examined can live at home and be trained in the local schools, while those who are troublesome or neglected can be drafted into an institution before they come to grief. The great opportunity of these clinics is to awaken in the family and in the local authorities a feeling of responsibility for the welfare of the defective child and to emphasize the necessity for social supervision of such children. Over 8,000 children have been examined and advised by the clinics in the two years during which they have been in operation. Splendid coöperation has been shown by the school authorities and parents have been almost universally grateful for the advice and assistance given.

The School-clinic Law requires also that any city or town in which there are 10 children three or more years retarded shall establish special classes for the instruction of such children. This part of the law, too, is being rapidly put into effect. The city of Boston alone has 80 of these classes, with well-organized after-care. In small rural schools in which there are fewer than 10 defective children, the problem is being partially met by the special instruction now being given in the state normal schools.

The census of all the feebleminded persons in the state is progressing steadily as the school clinics and all other mental clinics in the state report to the state department of mental diseases the name of every defective child encountered, with a description of his case. The names and residences of over 18,000 defective persons are already known.

The law of 1911 requiring long continued custodial care for defective delinquents finally went into effect in 1922, with the opening of the department for defective delinquents at Bridgewater. Seventy-eight feebleminded and probably unreformable criminals have already been committed. In time practically all such criminals will be in permanent custody instead of being discharged at the end of a brief sentence to commit other crimes.

Three measures, passed in 1921, 1922, and 1923 respectively, make life in the community possible for large numbers of mental defectives who would otherwise be confined in institutions at the expense of the state. The first provides for the commitment of feebleminded persons to the custody of the department of mental diseases, which has the option of placing them in an institution or allowing them to remain in the community under supervision, so long as they conduct themselves properly. The second permits the state schools for the feebleminded to parole any suitable patient for an indefinite period and to recall him at any time if he violates the conditions of parole. The third authorizes the department of mental diseases to conduct a division of mental hygiene, with the authority and the personnel to assist and supervise and control suitable feebleminded persons in the community.

The department of mental diseases has also been granted an appropriation by the legislature of 1923 for the scientific study of the causes of feeblemindedness, in the hope that the results may have a bearing upon the prevention of certain types of mental defect.

Massachusetts is now providing institutional care for a larger number of feebleminded in proportion to her population than any other state—78 per 100,000 in comparison with 60 in Minnesota, 59 in New Hampshire, 39 in New York, 31 in Pennsylvania, and 28 in Connecticut. But even if it were possible to provide such care for all the feebleminded persons in the state, estimated at 50,000, it would be neither necessary nor desirable. Various surveys and studies have shown that feebleminded individuals who have received careful training during childhood and adolescence can become harmless and even very useful members of the community. There are many more good defectives than bad defectives; of the 3,500 defective school children examined by the school clinics in Massachusetts, less than 7 per cent were recorded as showing vicious tendencies. Generalizations as to the antisocial traits of the feebleminded are largely based upon experiences with untrained and neglected defectives. ''The feebleminded boy is blamed and punished at home for his stupidity; often neglected or harshly treated by the teacher who does not understand him; teased or 'picked upon' by other boys as a butt or joke; with no real companionship, with no one who understands his limitations, is it any wonder that, treated as a pariah from childhood, he should become a sort of Ishmaelite at adolescence? Would not a normal boy so treated turn out badly?''

Those who are studying the problem of the feebleminded from the social point of view are beginning to suspect that it is largely economic. ''The idle defective has no money, feels inferior, and does his worst. The defective who works all day at good wages seldom gives trouble.''

The keynote of the Massachusetts program is recognition of the defective's condition while he is still in the formative period. It proposes to protect him from evil influences, to train and educate him according to his capacity, to make him industrially efficient, to teach him correct habits of living, and when he has reached adult life, to continue to supply the help and guidance he needs. While there will be a centralized formulation of plans and methods, the actual care of the feebleminded will be largely decentralized and the initiative and responsibility will be largely shared by the local community. The success of such a program depends upon a widespread public sentiment far more than upon mere legislative action. In closing, Dr. Fernald expresses his appreciation of the part that the Massachusetts Society for Mental Hygiene has played in arousing such sentiment in the state.

Report of the Committee on Venereal Diseases of the State and Provincial Health Authorities. By Mark J. White, M.D. *American Journal of Public Health,* 13:723-37, September, 1923.

This report covers the fiscal year ending June 30, 1922, and the first six months of the next year.

During the year 1921-22, 541 clinics reported to the Public Health Service, among them some that were no longer receiving federal aid. The number of patients admitted to these clinics during the year was 141,279, an average of 261 per clinic, representing a decrease of 57 per clinic from the 1921 rate. More cases of syphilis were handled than of gonorrhea, though the latter has the higher rate of incidence in the population. An encouraging aspect of the work was the relatively large number of persons discharged as non-infectious; the increase in discharges for 1922 was eight times the increase in the number of new infections. There was an increase also in the number of Wassermann tests and of examinations for gonococcus infections. Over 2,000,000 treatments were given, an average of 3,780 per clinic.

During the same year, 333,718 cases of venereal disease were reported to the state boards of health, a decrease of 13 per cent from the number reported the year before. There was a decrease in the number of reports in 35 states and an increase in 11. Five states—

Oregon, Rhode Island, Kentucky, Arkansas, and Missouri—showed an increase in the number of reports received for both years. For all the states combined, there was a decrease of 6.7 per cent in the number of cases of syphilis reported and of 19.5 per cent in the cases of gonococcus infection. From the evidence at hand, it is impossible to say whether the decrease is due to a lessened incidence of infection or merely to the laxity of physicians in reporting cases. Venereal-disease-control officers are agreed that in this matter of reporting cases, better coöperation from physicians is needed.

Owing to lack of funds, there was a decrease in the amount of educational work accomplished during the year. Over 2,000,000 pamphlets were distributed, however, 91 per cent of them by the state boards of health. The work included also over 3,000 showings of educational exhibits and sets of lantern slides, nearly 7,000 lectures under state or federal auspices, and the presentation of moving pictures on the subject of venereal disease to 1,200 audiences. Altogether over 2,000,000 persons were reached through these various meetings. A new development in the educational work consisted of a series of 10 social-hygiene conferences for non-professional women, the plans for which were drawn up with the assistance of the Women's Advisory Council to the Public Health Service and endorsed by representatives of the leading women's organizations of the country. Twenty-seven hundred women attended these conferences.

In seven cases, arrangements were made for these conferences to take place simultaneously with one of the 16 public-health institutes held during the winter and spring of 1922 in various cities throughout the country, under the auspices of the state board of health and the Public Health Service. The instruction in these institutions was devoted largely to the newer aspects of public health. The most popular courses were those in syphilis, gonorrhea, tuberculosis, child hygiene, and mental hygiene. The Chicago Institute, one of the most successful, was given up to social hygiene and the venereal diseases; and the New York Institute, which was held simultaneously with a meeting of the state medical society, consisted of a series of clinics on the venereal diseases. These institutes are of value not only as a means of meeting the need for more education on the part of the partially trained sanitarian, but as a method of stimulating public interest and of giving community leaders a comprehensive view of health problems.

For the year ending June 30, 1923, Congress appropriated $400,000 for venereal-disease-control work, over $225,000 of which was for allotment to the states. All but six states, including the District of Columbia, received federal funds that year, and three of these six had money of their own available for the work. A federal appropriation of $100,000, for allotment to such states as fulfill the required regulations, has been made for the year ending June 30, 1924.

Reports from clinics during the months July-December, 1922, showed a further decline in the average clinic attendance. The clinics, however, seem to be doing more effective work, to judge from the larger proportion of patients discharged as non-infectious and the increase in the number of treatments per patient. Reports of cases of infection received by state boards of health during those six months were slightly more than 50 per cent of the total for the year 1921-22. In view of the decrease in clinic attendance, this would seem to indicate better coöperation on the part of the doctors.

It is a matter of regret that reports are not being received from all the important clinics. There are probably around 900 of them in the country and only 528 are reporting to the Public Health Service at the present time; moreover, the list of those not reporting includes a number in large and important communities. The additional data that these clinics could supply would add greatly to the value of statistical studies in this field.

A special study of the work of 375 clinics as reported in 1922 is now being made by the Public Health Service for the purpose of determining the relative efficiency of the clinic in meeting the needs of the patient and of the community. The study will cover such points as the total clinic attendance and the number of new admissions to clinics per 1,000 of the population; visits per patient and per 1,000 of the population; visits per physician, nurse, and social worker, respectively; and so forth. According to this study, the number of visits per patient for the year was 9.5. In the clinics studied only 31 per cent of the patients discontinued their treatment without official permission. The other findings of the study will be available shortly.

The monthly bulletin of the Public Health Service has been enlarged to include original articles, and its title has been changed to *Venereal Disease Information*. It is to be issued by the government printing office. Moreover, the Venereal Disease Division is prepared to furnish to physicians abstracts and references on any phase of venereal disease.

Demonstrations of the use of the 12-reel film, *Science of Life,* designed for high schools in connection with courses in biology, physiology, and sex hygiene, are now being made by an officer of the Public Health Service upon the request of state boards of health. One hundred and two showings, before audiences numbering 39,199 persons, have already been made. Eleven states have had these demonstrations. A set of slides for girls has also been issued, and three other exhibits are ready for publication by the government printing office—one for school teachers, one for adults, and one for colored girls.

In an effort to answer the question whether the lower rate of attendance at venereal-disease clinics and the decrease in the number of cases of infection reported to state health departments indicate a real falling off in the incidence of venereal disease, the Public Health Service, at the request of the Committee on Venereal Diseases, sent out a questionnare on the subject to members of the American Urological Society and the American Dermatological Association. Two hundred and twenty-two replies were received. The majority thought that venereal-disease infection was decreasing, the others either that incidence was on the increase or that there had been no change in trend. Most of those who replied reported a decrease in the number of cases of acute infection, especially syphilis. There was no indication of any decrease or other significant change in the number of chronic infections.

''The factors mentioned which might be contributory causes of a decrease in the number of acute infections were (1) educational publicity, including the work done by federal, state, and municipal authorities, and the results of instruction given in the army and navy; (2) chemical prophylaxis, the efficacy of which was demonstrated during the war; (3) the effects of prohibition enforcement, resulting in fewer exposures due to relaxation under alcoholic intoxication of the natural inhibitory forces of the individual; (4) better diagnosis and treatment, which serve to detect the presence of infection and to limit the infectious period.

''The results of this inquiry cannot by themselves be taken as indicative of any real change in incidence of infection. The group to which the query was sent was small, and its clientele for the most part was limited to the upper social groups. Additional studies based upon actual data collected from all sources will have to be made before definite conclusions can be drawn.''

EPILEPSY IN COLONIES. By Charles L. Dana, M.D. *Archives of Neurology and Psychiatry,* 9:551-53, May, 1923.

This paper summarizes briefly the results of a questionnaire sent to the medical directors of the nine epileptic colonies in the United States, with the object of ascertaining, so far as possible, the relations of the colonies to the surrounding communities, the special characteristics of such a colony, and the effects of segregation upon the epileptics themselves. Six replies were received. It was the unanimous opinion that an epileptic colony is not harmful to the surrounding community, but economically satisfactory, and that the members of the colony do not react badly upon one another, but are on the whole better and happier if segregated. Dr. Dana, however, incidentally raises the question whether eventually an epileptic infection of the community may not occur, since occasional irregular intercourse between the patients and outsiders must take place.

In almost every case the directors of the colonies complained of the inadequacy of state support and urged the need for more help, better equipment, and the removal of mental defectives, who in many states are grouped with the epileptics.

Some of the characteristics that give the epileptic colony a peculiar individuality of its own are as follows:

1. The group is made up of individuals who are on the whole not only incurable, but steadily deteriorating. In this it differs both from a group of the insane and of the feebleminded, since for the former there is the hope of cure and for the latter of improvement.
2. The special character of the chronic deteriorating epileptic patient shows itself in a prevalent querulousness and irritability. There is a general dislike of discipline and of the effort necessary to attain skill in manual work or in any kind of technical occupation.
3. The group represents the greatest possible range of intelligence and as wide a variation in types of behavior.
4. The ever-present possibility of the convulsive seizure gives to the colony a certain atmosphere of anxiety and expectancy, toned down by familiarity with the situation.

In spite of these peculiar features, however, the fact remains that the seriously epileptic patient is better occupied, better educated, and happier than he would be in a normal community. The colony has a further value, from the point of view of society, in that it furnishes opportunities for studies that may throw light upon the nature of the disease.

Psychoanalysis and Vocational Guidance. By William A. White, M.D. *Archives of Occupational Therapy,* 2:253-75, August, 1923.

Dr. White applies here the Freudian doctrine of the wish as the unit of psychic life to the selection of a vocation. The important thing in choosing one's life work is not one's intellectual approval of this course or that, but the degree in which each satisfies one's instinctive desires. To be successful and happy in one's work one must be doing something that one wants to do and, other things being equal, one's success and happiness will be in direct proportion to the correspondence between one's vocation and one's desires. This formula, however, is not so simple and sure a guide as it might appear, since individuals generally fail to recognize their instinctive drives or are torn between various desires and are incapable of deciding which is the strongest. The only way in which the real desire can be made clear is through the technique of psychoanalysis.

This method of procedure would seem to be as different as possible from that employed in the various psychological tests that are used to determine vocational selection; but Dr. White raises the question ''whether perceptual acuteness in a particular sensory field, peculiar alertness in relation to certain types of stimuli, and such other qualities may not easily be conceived as correlated with certain instinctive tendencies, certain lines of interest. . . .'' His own feeling is that ''whatever is true in either method must harmonize with what is true in the other''.

BOOK REVIEWS

Social Control of the Feebleminded. By Stanley P. Davies. New York: The National Committee for Mental Hygiene, Inc., 1923. 222 p.

Dr. Davies makes a careful study of our methods of dealing with those who, like Maggy in Dickens' *Little Dorrit,* have "never grown any older ever since". Maggy had a bad fever when she was ten. Most of the others did not have fevers, but they have not grown any older since they were children. The author's declared purpose is to "discuss the various endeavors which have been made from time to time to meet the social problem of the feebleminded", with particular emphasis upon the modern program of adjusting the feebleminded by means of community adaptation and control.

The author's division of this adaptation into historic periods emphasizes the modern aspects of the program. The *ancient* or *medieval* period brings us down to the beginning of the nineteenth century. The second period, which is designated that of *physiological education,* runs indefinitely through the nineteenth century. We say "indefinitely" because its end is stated as coming with the establishment of the first institutions for the feebleminded in this country (Massachusetts established the first school in 1848), and the next period begins "roughly" in 1900. The third period he calls the *alarmist.* It placed great emphasis upon eugenics and intelligence testing. The fourth or *modern* period, in which we seem to be developing a real program, begins about 1915.

The story is well told. The beginning of the period of physiological education concerns the "wild boy" found in the woods of Caune in 1798 and the work with him by Itard and Séguin.

At the beginning of the twentieth century, Mendel's Law was rediscovered by Hugo De Vries, and Alfred Binet responded to the practical demands of municipal legislation in Paris, providing for the special education of mentally defective children, by inventing a scale for the measurement of the intelligence of children. These events gave greater impetus to demands for care of the feeblminded than had ever been felt before that time. The alarmist period inaugurated demands for larger custodial institutions and for sterilization laws. It produced the eight-volume report of the British Royal Commission in 1908. It produced the demand from the New York State Board of Charities, in 1912, for seven institutions for the feebleminded, with capacity for 15,500. This period failed to give proper weight to the possible socialization of mentally defective children.

The change in point of view from that of alarm, with demand for sterilization and segregation for life, to one of constructive social control the author shows to have been largely due to the 1914 study of Dr. Walter E. Fernald. Dr. Fernald studied 1,537 discharges made during the twenty-five-year period ending in 1914, so far as they were traceable. Very few of these were discharged voluntarily by the superintendent. Very many were found to have done well in the community. Dr. Davies spent some time at Waverley studying the modern adaptations of the training work.

Dr. Bernstein's colony organization and parole work at the Rome State School, New York, has proved a most notable contribution in this change of point of view in regard to the social management of mental defectives. The author has devoted considerable time to a personal study of the workings of this plan both at the institution, in the colonies, and in the homes to which children have been discharged.

Dr. Davies gives one chapter to the public school and the backward child. Most facts are from New York schools and the studies of ex-pupils of special classes in New York City and Cincinnati.

The solution of the problem of the feebleminded, in so far as it can be stated in a sentence, he finds to consist in ''giving the feebleminded helpful and practical training and supervision and in making the community so far as possible safe for those who are permitted to remain in its midst''.

The study presents a careful analysis of recent experiments and observations concerning the best methods of meeting and managing the social problems presented by the feebleminded. No educator or other social worker whose field comprises these problems can afford to neglect a reading of this work.

The book is provided with a bibliography and an index. It constitutes a very useful presentation of the present developing tendency to socialize the feebleminded as members of the community.

Thomas H. Haines.

The National Committee for Mental Hygiene.

Dreads and Besetting Fears; Including States of Anxiety, Their Causes and Cure. By Tom A. Williams, M.D. Boston: Little, Brown and Company, 1923. 217 p.

This book makes the seventh of the ''Mind and Health'' series prepared for the general public by eminent psychiatrists and psychologists and edited by H. Addington Bruce. The authors of four of the previous volumes have been disciples of Freud; in order to keep the balance, it is perhaps as well that a different point of view is presented in the present work.

Dr. Williams takes for his central theme certain established principles of behavioristic psychology and builds up therefrom his theories concerning the causes and treatment of morbid fears. In this manner he has been able to maintain a simplicity and consistency that make for easy comprehension, leaving in the mind of the lay reader positive facts rather than confusion. According to his thesis, normal fear is the emotional component in the reaction of an individual to a situation of danger. This emotion is chiefly an acquired one. The main pathological factor in morbid fears is the establishment of the fear emotion in relation to a non-dangerous situation, as the result of painful experience, example, precept, or other conditioning influence. Various secondary factors contribute to the fixation of the fear state, and the patient is powerless to cope directly with it. Treatment consists in reconditioning the phobia system by standard methods of persuasion and reëducation. This is ostensibly carried out on the intellectual plane by argument, demonstration, and illustration. In Dr. Williams' experience, the method has been highly successful.

Members of the profession may not feel the same confidence as the author that his cures are made on the basis of logical appeal. The quoted statement of a patient (page 201) illuminates this topic; she says, ''It is very strange that I am better, as what I have now learned I have often repeated to myself without avail.'' There is some as yet unexplained influence of the physician on the patient—referred to, for lack of a better name, as Personality with a capital P—to which too little emphasis is given by Dr. Williams.

In therapeutic technique the book adds little to the methods of psychotherapy popularized by DuBois twenty years ago. It ignores quite completely the voluminous contributions by the modern school of genetic psychology. Human behavior and feelings are considered chiefly as simple reactions to the influence of environment, with small consideration of the subjective balance of forces and inner needs of mankind.

Any one familiar with the author's powers of diction and resources of vocabulary may be surprised at the simplicity of the style. The reader will have little need for a dictionary. However, the barrier raised against the less usual words was evaded by at least one, and the culprit—''pusillanimity''—makes the most of its liberty.

The book, as far as it goes, is sound and may be recommended freely for public consumption. For a large number of the cases encountered in dispensary and office, the methods of treatment outlined are, no doubt, the most practicable to apply. In other patients, such a method of approach, at least in the hands of the average psychotherapeutist, is as futile as pill and powder to uproot a well-established phobia or other obsessional state.

Boston Psychopathic Hospital. MARTIN W. PECK.

THE SOCIAL PHILOSOPHY OF INSTINCT. By Charles Conant Josey. New York: Charles Scribner's Sons, 1922. 274 p.

Whenever a new point of view begins to pervade any science, it becomes necessary to reëxamine certain of the fundamental hypotheses and axioms upon which the older conclusions were based and either rephrase them so that they are consistent with the new philosophy or cast them out entirely. Behaviorism has had this effect on psychology. Behaviorism was born of modern experimental psychology, and now in turn is shedding its light on some of the older concepts and laying bare to critical analysis some of the assumptions that long ago were accepted as true. In his book, *The Social Philosophy of Instinct,* Josey has applied the behavioristic point of view to the interpretation of activities heretofore regarded as ''instinctive''.

In order to get a long view of the subject, the author begins with a historical sketch of the various theories of instincts, showing how they arose and what each sought to explain. It is of distinct advantage to look back and see through what mazes we have wandered in our effort to explain ourselves to ourselves. In his review of the theories of instinct that have been held from primitive times up to the present day the author has done a much needed piece of work. In the opinion of the writer, the greatest value of the book lies in the second chapter, *Historical Orientation.* Here the instinct is traced from its early concept as a divine force transcending human nature, through Bacon's proposition that instincts were ''impressions from God'', to the materialistic reaction of Hobbes, with his one principle of self-interest, and back again to a divine moral guiding principle. The force at first was outside of man; later it became an inner force. Evolution changed the ''impression of God'' to the ''impression of the species''. From the time of Darwin the tendency to interpret instincts phylogenetically, as having been selected because of their usefulness, grew stronger and stronger and is still held by some reputable psychologists of to-day. The purposive nature of instincts even now has a fascination for some schools and we find instincts accounted for as ''differentiations of the *élan vital''*.

Why the need of any philosophy of instincts, one might ask. The need is a very natural one. Man has called them in to explain various puzzling problems. It has been noticed that certain species of birds build their nests in peculiar ways, each species building true to form. Since the young could not have observed their parents building the nest in which they were hatched, how did they ever learn to build in the same way? The answer has been that these reactions are instinctive—they are inherited pattern reactions which unfold during the lifetime of the individual. During the period when ''heredity'' was in vogue as a satisfactory and complete explanation for likenesses and differences among individuals, such a theory of instincts was wholly adequate. But recently ''environment'' is coming into its own as a causative factor, and the relative parts played by these two great influences are not nearly so clearly defined as they have been in the past. Perhaps the pendulum is swinging now to the other extreme. At any rate the author of the above book has been caught in the backward swing, and with the ''influence of environment'' as one prop and the ''behavioristic attitude'' as another has attempted to prove the following statements:

1. ''Man does not inherit a mass of impulses as a result of the experiences of his ancestors.'' Man is by nature active, and the type of activity he displays is determined by his environment. We get no further in accounting for the origin of an activity by referring it to phylogenetic selection than if we tried to look for the cause here and now. It is just as possible for new acts to appear now as at any other time in our development; hence no need to refer to phylogeny.

The author presents this argument in the form of the following dilemma: ''Either the behavior in the individual is caused by the same conditions that aroused the behavior in his ancestors, or it is not. If it is caused by the same conditions, there is no need to make an appeal to phylogeny. If it is not caused by the same conditions, it is hard to understand how the behavior of remote ancestors under one set of conditions can be used as an explanation of the individual under another set of conditions.'' (p. 244)

2. ''Forces are not innate, but are accompaniments of activity.'' This is a somewhat new idea to many. Forces are considered as a kind of ''function'' in the mathematical sense. Emotions and instincts are the results of experience, generated by experience rather than serving as a cause for activity. Activity is basic—emotions and instincts accompany it and come into being when the environment acts on the organism in a certain way.

3. ''Innate'' refers simply to the capacity to be affected rather than to any specific drives. This would account for variations of behavior on the part of the organism under various circumstances.

4. Our institutions, customs, and morals are not rooted in ''original nature''—they develop from the interplay of the environment and the individual. There is no need to fear that our culture is becoming more and more removed from original nature—it represents now, quite as much as in primitive times, the results of the interplay of the two forces.

5. Customs are not founded on emotions; rather, in a large way, they determine our emotions.

6. Drives are the *acquisitions* of the individual. (This point of view is set over against the idea that ''drives'' or ''urges'' are the fundamental determiners of experience.) Sex repression, the author considers in this connection, is not the repression of an innate force, but of impulses born and determined by social contact.

It is certainly unfair to an author to list his conclusions without indicating the method of reasoning whereby he reached them. Some of the above conclusions seem startling enough at first glance, but in order to understand the apparent categorical tone of their statement one should know something of the windmills that the author is fighting and his reasons for emphasis. He is particularly concerned with two present schools of thought. One is that represented by Thorndike which attempts to list a large number of specific acts and to refer these acts to definite inherited patterns of the nervous system. The author, I believe, in his attempt to discount some of the philosophic interpretations of instinct, neglects to show the rise of the view represented above—from a biologic source. The conception of innate tendencies has formed a sort of bridge in developing a consistent evolutionary theory. From the tropisms of the lower animals to the complex behavior of the higher animals, some consistent line of development was sought. The development has been from a less to a more plastic organism, the latter capable of diverse kinds of activity according to varying circumstances—even the most hardened instinctivist would admit that. The whole quarrel seems here to be as to whether the acts that we note as common to all members of a species are due to inherited pattern reactions or to the fact that all individuals of any species have the same structure in which the same environmental forces bring out the same reactions. At no place in the book does the author deny the influence of heredity outright. He regards the rôle of hereditary factors as follows: ''At the first moment, the structure of an organism is its heredity. The organism, in virtue of the fact that it is an organism, is active, but the form of its activity, which is one of the many possible acts which it performs, is the result of the stimuli that happen to be presented. Its activities are always reactions. Hence its behavior is the result of its structure in relation to its environment. Changes in either affect the results. The organism always faces multiple possibilities of development and activity in the sense that its development would be different were different stimuli presented. To get abnormal development it is only necessary to introduce abnormal factors in the environment.'' (p. 202.) He overlooks abnormal factors in the structure! ''Universality'', he states, ''is not a sign of an innate tendency, but of similar conditions''—and yet, under the same conditions, the robin builds a nest in one way and the wren or the jay in quite another. There is certainly a gap here in the line of reasoning.

The second dragon to be slain is "purposive behavior"—teleological determination. Here he is attacking McDougall. He believes that "the wonderfully adaptive behavior of organisms apart from any knowledge of the end that is being reached requires explanation". Moreover, there are so many maladjusted forms in life, and such a variety, that it would seem that a common purpose could not control them all. It is in his attack upon this school that he does away with forces—be they external or "inner" or differentiations of the "*élan vital*"—and makes force the function of the structure.

The book is interesting in many respects. One wishes that it were not so unnecessarily padded. The author could have made his points quite clear in considerably fewer words. His style, however, is clear and easy-going. In view of some of the statements made by him in his eagerness to refute prevalent theories, one would expect a conclusion of a somewhat radical nature, but upon examination it seems innocuous enough. The following statement sums up, briefly, his point of view:

"Behavior should be interpreted not in terms of *forces,* but in terms of the relations the organism sustains to its environment." The determinants of acts may be listed as follows:

1. The structure of the organism;
2. The present physiological condition of the organism;
3. The experience of the organism;
4. The confronting situation.

Most psychologists would agree on the above as quite obvious, the only difference being that many would include under the heading "structure of the organism" certain preformed connections in the nervous system.

SADIE MYERS SHELLOW.

Smith College School for Social Work.

A HISTORY OF DREAMS; A BRIEF ACCOUNT OF THE EVOLUTION OF DREAM THEORIES, WITH A CHAPTER ON THE DREAM IN LITERATURE. By A. J. J. Ratcliff. Boston: Small, Maynard and Company, 1923. 247 p.

This book apparently is the result of an exhaustive and painstaking study of the literature in existence on the subject of the dream.

In his opening remarks on the characteristics of dreams, the author states: "It is our purpose in this book to see in what manner they have been esteemed and interpreted by barbarian and cultured nations, blacks and whites, now and in the past." We believe that this purpose has been fulfilled and in an able and thorough manner.

Beginning with man's earliest conception of dreams—a ''literal belief; what appears before him in dreams is as real as what appears before him awake, and the people of his dream stand veritably before him''—Mr. Ratcliff proceeds to relate what the dream has meant at different periods in the development of the world, citing the beliefs of the Red Indian, the Dyaks of Borneo, the Romans, the Hebrews, the Greeks, and so forth, bringing us finally down to the present date, with an extensive discussion of the theories of Freud and Jung.

It is interesting to note that even in Pharaoh's time symbolic meaning was read into the images seen in dreams and the custom of maintaining seers about the royal courts arose at this early period.

''Ordinary dreams went unregarded, as with ourselves, but vivid ones, particularly if they occurred more than once, were accredited to supernatural interposition; and it was then that the skill of the interpreter was called in to aid in reading the message.''

To the medical profession of to-day it may be of interest to know that the Greeks consulted the diviner as we consult the doctor and ''like a doctor he might disagree with the diagnosis of a fellow practitioner''.

The ancient practice of dream-procuring or incubation is discussed, and there is a chapter devoted to the development of the special codes of methodized and mechanical interpretation of dreams used by the Arabs and Persians, the dream in this stage of its development being a mere omen.

We finally reach the present era in which, although many theories are advanced, all meet more or less on common ground and hold that dreams are products of the brain, like thought and feeling. This is the scientific, the materialistic age, and the various views of the dream are as numerous, almost, as in the supernatural age.

We come now to a quite clear outline of Freud's theory regarding the unconscious, as well as his conception of the dream as a wish fulfilment. As these theories are so universally known, we do not consider it necessary to discuss them in this brief review.

A chapter is devoted to dream analysis according to Freud and another to the same subject in the light of the theory held by Jung. In closing the latter, the author very aptly says: ''And so with dreams considered as wish fulfilments and as nervous compensations, we may draw the narrative to a close: we have reached the most enlightened views yet held on dreams, and those that will, in all likelihood, command the suffrages of the intelligent for many generations to come. In a different way, dreams, so much esteemed and regarded amongst the most primitive of races, are to-day as much esteemed and regarded by the most civilized of beings. They have come into their own again.'' The last two chapters, X and XI, have to do with literature as dreams and dreams in literature, respectively. The former points out the general idea that literary works, in the Freudian sense, are wish fulfilments and in the Jungian sense compensatory activities, and ''in a manner organic products corresponding to dreams''. He therefore concludes: ''Literature is colored by the personality of its authors, and that in its turn depends upon the unconscious, and so, in many ways, creative literature may be said to be a product coördinate with dreams, and affording the same relief to the repressed desires of its creators. Like dreams, it is one of the many marvellous pieces of natural mechanism that render life tolerable under the artificial conditions of civilization.''

This book is intensely interesting, as it deals with a subject that has, during the past few years, occupied a position of importance, particularly in the fields of psychology and psychiatry. The subject is presented in a strictly non-technical way, so that it can be read with profit and pleasure by the laity as well as by the profession.

Harry A. Steckel.

Kings Park State Hospital.

Sex in Psychoanalysis. By S. Ferenczi. Authorized translation by Ernest Jones, M.D. Boston: Richard G. Badger, 1923. 338 p.

When first we saw this book announced, we were led to suppose that another volume of Dr. Ferenczi's contributions had been translated into English; and we were indeed much disappointed to find that it is nothing but a reprint of a book which the same publisher placed before the public seven years ago under the title *Contributions to Psychoanalysis* (authorized translation by Dr. Ernest Jones).

We can see no very valid reason for the change in title. The new title is not in the least representative of the contents of the book, but is rather calculated decidedly to deceive the purchaser. Apparently, the only purpose of this innovation on the part of the publisher was to make the hunter of books on the subject of sex more alive to the existence of this volume, a rather contemptible abuse of Ferenczi's honest scientific effort. One can almost forgive the ruse, however, if it will serve to gather a larger reading audience to one of the [illegible] classics of psychoanalytic literature.

A comparison of the new book with the original issue shows no material change. There is nothing to indicate that the translation has been revised, or that the book has in any way been reëdited. There is no new note by the translator, nor anything to indicate that either the author or the translator has sanctioned the change in title. The book has, however, been reset and printed on heavier paper, so that the volume appears much more bulky. One minor change occurs in the table of contents, and there are here and there corrections of slight typographical errors in the original edition.

Few books on psychoanalysis deserve more careful reading than this one. It is an indispensable volume to any one who is acquainted with technical psychoanalysis—in fact, a source book and volume of reference. Himself one of the earliest disciples of Freud, Ferenczi has made perhaps more original contributions to psychoanalysis than any one else, Freud excepted. And in this volume are contained several of the pillars of psychoanalytic theory. The chapter on introjection and transference has been the source of all subsequent understanding of the phenomena of transference, suggestion, and hypnotism. The chapter on the development of the sense of reality is a pioneer work of first magnitude. It is the first step in the study of the ontogenesis of the ego and intellect, and it has since become one of the most valuable corollaries of the theory of narcissism. The articles on homosexuality and paranoia are likewise pioneer works. Ferenczi was among the first to recognize the importance of repressed homosexuality in the psychogenesis of paranoia and to confirm Freud's original conclusions on this subject. The chapters dealing with symbolism are among the clearest and most pithy in the entire literature.

In short, we have here a work of the highest authority which, as a piece of exposition, could hardly be surpassed in clearness and breadth. One of the remarkable characters of the book is that, although some of it was written as early as 1908, its conclusions have never been altered by subsequent research. Of the translation, it can be said that it is authoritative and forceful, though at times unavoidably awkward.

H. W. Frink.

New York City.

The Unadjusted Girl. By William I. Thomas. Boston: Little, Brown and Company, 1923. 261 p.

Because of its psychological verity and breadth of social vision the foreword of this book, by Ethel S. Drummer, should become required reading for every person engaged in working with girls. The same breadth of vision is characteristic of the whole book, but psychologists and psychiatrists will undoubtedly raise many questions as to the scientific accuracy of some of the statements that Mr. Thomas sponsors. As early as page 4, we are confronted with the following:

"The human wishes have a great variety of concrete forms, but are capable of the following general classification:

1. The desire for new experience,
2. The desire for security,
3. The desire for response,
4. The desire for recognition.''

Upon this fourfold classification, to a large extent, Mr. Thomas bases his interpretation of the many cases that form the major portion of his volume. Yet he makes this classification arbitrarily, with no discussion as to why he prefers it to those that have already been proposed and found useful by other students of human behavior. It might be pertinent to inquire whether indeed a grouping might not be arranged more indicative of fundamental motives; moreover, we have been so generously blessed with categories of this sort in much of our recent literature that one wonders if the addition of another does not confuse rather than clarify the subject.

Mr. Thomas has an interesting habit of playing with the terminology of the psychiatrist. The ''constitutional vagabond'', while reminiscent of the much-controversied ''constitutional inferior'' of the psychopathic hospitals, is a diagnostic term still more open to criticism. Again, such a sentence as this: ''The so-called 'instinct for workmanship' and the 'creative impulse' are 'sublimations' of the hunting psychosis'', makes one wish to inquire whether the ''hunting psychosis'' is not also so-called. We have, of course, no right to criticize an author for the use of figurative phraseology such as that just quoted if it serves its purpose in putting across his points in a striking and forceful manner. But there are instances when Mr. Thomas' inadequate knowledge of psychiatric problems leads him into error and might also give erroneous impressions to his readers. His discussion, on page 159, of the case of an insane husband is a striking example of this. While we might agree that environmental influences, by increasing the tension to which the unstable nervous system is subjected, do operate to precipitate certain types of mental breakdown, we should seriously question whether so flagrant a case of mental disease as that described could be considered due to environmental circumstances alone. No amount of community pressure in the form of conventions and public opinion will restrain the patient suffering from mental disease, and his conduct will be aberrant and bizarre in accordance with the promptings of his distorted fancies and hallucinations, regardless of the group of which he happens to be a unit.

Having dwelt upon some of the unfortunate features of Mr. Thomas' work, we may admit that it has much material to offer that is both stimulating and instructive. Because of the inclusion of so much case matter, it is somewhat disorganized in structure, but his cases are so well selected that we can afford to pass over this minor detail. Perhaps the best chapters in the book are III, *The Individualization of Behavior,* and IV, *The Demoralization of Girls.* In both these chapters, Mr. Thomas shows himself keenly cognizant of the insidious changes that have been affecting the *mores,* particularly with reference to the conventions regulating sex behavior. In a presentation of this sort, weighing and evaluating the psychological, social, and economic factors that have united to produce these changes, Mr. Thomas is thoroughly at home and is completely master of his field. His method is most praiseworthy—a simple presentation of facts and interpretations in an impersonal, scientific manner, without any apparent intent to marshal his arguments for the support of either conservatives or radicals, and no indications of any emotional prejudices of his own. Herein he shows those superior qualities of mind that prove him worthy of his task.

Although there are advanced no arguments directly fashioned for his use, the social progressive will find the material of this book more to his liking than will the conservative. The ''orthodock'' (as Basil King has happily termed him in his contemporaneous serial *The Happy Isles*) is not apt to enjoy a morality that is evident in girls in spite of their unconventionality along lines of sex behavior. Workers with girls need to keep this possibility constantly in mind, so that both for this reason and because it contains so much interesting material, the book is to be highly recommended. One should bear in mind while reading it, however, that it is written from one point of view exclusively—the sociological—and that because it neglects psychological and psychiatric factors, it is not a well-rounded presentation of the problem of the unadjusted girl as its title would lead one to expect.

PHYLLIS BLANCHARD.

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APPLIED PSYCHOLOGY FOR NURSES. By Donald A. Laird. Philadelphia: J. B. Lippincott Company, 1923. 236 p.

This is a distinct addition to the many books relating to psychological problems that has been published within the last few years. It is not only a constructive piece of work, but is so clearly written that it will be of the greatest value to all nurses who are desirous of thoroughly fitting themselves for their work. Professor Laird has given a presentation of the anatomy and physiology of the nervous system that is unusually clear and scientifically correct and yet readable and understandable. The psychological teachings of the book are those of an exponent of the behavioristic school. The various chapters might be discussed more or less in detail, but all of them are so uniformly good that it is hardly fair to single out any particular one as deserving of special mention. A review naturally tends to be critical, but in this instance the reviewer can see in Professor Laird's presentation no flaws that should be seriously discussed. The whole subject is presented so simply, so logically, and so constructively that no nurse should graduate from a training school who has not read the book, either as a part of her required studies or else as collateral reading. Seldom has the approach to disorders of thinking, feeling, and acting been made so understandable, and to the layman, the nurse, or the general practitioner who reads this work, nervous and mental disorders should no longer seem difficult and dreadful, but rather the natural consequences of a disordered anatomy, physiology, or psychology, to be met and often corrected by the appreciation of normal processes and an insight into the deviations from them. Here we find mental disorder no worse a thing than stomach disorder, and a delusion often no more mysterious a thing than jaundice. The topics for discussion at the ends of the chapters are stimulating and lead one, as they are of course intended to do, to individual thinking. Part IV of the book, which covers mental health, is not only well done, but comes as a logical conclusion of the work and gives the reader a clearer understanding of physiological and psychological disorders than can be gained in almost any other way. This book should be read, not only by the nurse, but by all those who are interested in the harmonious functioning of the whole body. It might, indeed, be a valuable aid to many an individual who either has been a patient, is a prospective patient, or is suffering from an inharmonious functioning of the nervous system.

Arthur H. Ruggles.

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Science and Human Affairs; From the Viewpoint of Biology. By Winterton C. Curtis, Ph.D. New York: Harcourt, Brace, and Company, 1922. 330 p.

This is an excellent book. Dr. Curtis has traced the evolution of science from its earliest beginnings down to the present era. What Wells has done in his *Outline of History* and McDougall in *The Outline of Psychology,* Dr. Curtis has accomplished in the field of biology. But it is more than an outline; it is an absorbing story of man's never-ending search for truth.

In the first portion, after a brief discussion of "the meaning of science to mankind", the author traces the origin and progress of science through Egyptian, Mesopotamian, Greek, Roman, and Arabian civilizations.

The decline of science, coincident with the dawn of the Christian era, comes in for some discussion as to cause and effect. Dr. Curtis does not place all the blame for the cessation of scientific progress on the Christian religion, but he places the bulk of it there: ''It has been widely believed, among those interested in science, that the advent of Christian dogma was mainly responsible for the decline of the ancient spirit of investigation. It is certainly true that the intellectual atmosphere which came into existence during the first centuries of our era and which culminated in the Dark Ages was one in which the rational analysis of natural phenomena became almost an impossibility. But there were many other factors involved. . . . In correlation with this changing point of view we find: philosophy becoming a part of religion, and hence intolerant of changes in the established system; salvation, in another world, coming to be regarded as the chief end of man; the second coming of Christ and the end of the world being expected at any time, and hence a failing interest in the visible universe. . . . Thus it appears that early Christian theology was antagonistic to scientific thought and knowledge, and, while not the sole cause of the decline of science, helped to bring about an age of ignorance.'' The church is nevertheless entitled to a spark of credit, for ''knowledge of the ancient world descended in manuscripts that were preserved by the church, though not widely known until the Revival of Learning''.

Next comes a most absorbing account of the emergence of modern science, with an accompanying table, in chronological order, of the men and factors chiefly responsible for the rebirth of scientific investigation.

The second portion of the book describes biological science in the modern period, during which the theory of organic evolution and the cell doctrine were the storm centers for most of the scientific thought and investigation. Heredity and bacteriology are discussed as offsprings of these two theories.

One of the most interesting chapters—*Current Problems and Methods of Zoölogical Science*—outlines the development and recent progress in such fields as embryology, fertilization, regeneration, sex determination, animal behavior, and natural history.

In the third portion, the author turns philosopher and applies his scientific lever to the solution of social problems. Accepting the dictum of Carlyle, Spencer, and others that ''the end toward which civilization has blindly directed its main effort is *the elevation and expansion of the individual*'', the author points out the importance of improving man's material environment to that end. "Scientific knowledge is the means to control of the physical environment; proper physical environment is prerequisite to a proper social environment among men; and the level of any society is an immediate function of the material, and hence the social, conditions that exist. In a savage society, living without safe and permanent means of subsistence, the higher forms of relationship between individuals are nonexistent. Aspiration cannot exceed the cultural level. In a modern community, where decent material conditions are denied to any large class of the population, and where, as a result, social conditions are at their worst, it is idle to expect a flowering of nobler aspirations. If these aspirations are thus related to material conditions, which are dependent upon scientific knowledge, the basic importance of science in the solution of social problems must be acknowledged."

Books of this sort are too infrequent. Dr. Curtis has presented the cause of science in a manner so simple as to be well within reach of the average reader, and his appeal is so dispassionate as to insure conviction. The book could be longer—the reviewer wishes it were—and it is evident from the copious footnotes, which, by the way, are well worth reading, that it was no easy task to get all the material into three hundred and nineteen pages.

Any praise that could be offered Dr. Curtis would be inadequate; his book should have a wide reading.

Harry N. Kerns.

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Sex and the Senses. By James S. Van Teslaar, M.D. Boston: Richard G. Badger, 1922. 377 p.

This is another addition to the flood of books of recent years that purport to popularize sex knowledge, presumably in the light of the psychoanalytic theory. Judging from the title, its specific aim is to indicate the erotic component in the function of the senses.

Every sense organ not only subserves the mechanistic principle of merely responding to external stimuli, but is also the source of a gratification that in a large measure represents the motive or incentive for the exercise of the organ. The skin feels, the eye sees, the ear hears, and so forth, not only because of the respective excitants of the outer world, as a machine or an automaton would, but essentially because of an inherent craving or drive within, which constitutes the subjective quality of the organ. Every organ in particular and every organism as a whole, immersed as it is in an ocean of stimuli, reacts to them not blindly and wholly determined by a balance of physical forces, but also by an inherent capacity for selection. This selection is responsible for the fact that the organism remains impervious to a large number of stimuli, avoids others as painful, and seeks only those that are pleasurable. Organ activity, then, means more than merely mechanistic function; it is also pleasure seeking and pleasure getting.

This stressing of the internal factor in the life process as against the exclusiveness of the external factor, constituting the psychobiologic point of view, is the fundamental position taken by the new psychology. Man, individual or collective, morbid or normal, growing or mature, is viewed not only as a collection of cells, tissues, and organs engendered by physico-chemical principles, but rather as an aggregate of cravings that avail themselves of these principles in order to consummate certain purposes.

The physiology of to-day, which is essentially applied chemistry and physics, loses sight of this phase of the living process. This is primarily responsible for the gulf that exists between the mechanistic laboratory results, on the one hand, and the complex phenomena of man's willing, thinking, and doing on the other.

An attempt, then, aiming in the direction of a fuller formulation of the life process should be greeted as a welcome amplification of contemporaneous physiology of the senses. It would readily demonstrate the possibility of the service that psychology is in a position to render to physiology.

Such was the anticipation on the part of the reviewer when he began the reading of *Sex and the Senses*. From start to finish one carries off the refreshing impression of a facile and lucid style. Whatever is stated is stated clearly. The psychological approach is maintained consistently throughout, also the genetic point of view. The author displays facility in applying biologic formulations. In an engaging way—although he is not original as to content—he develops the thought that the tactile sense of unicellular organisms is the matrix of all sensations. It is the surface tension of the cell, tactual experience, that mediates between self-preservation (nutrition and avoidance of danger) and procreation (fission). The close coexistence of these aspects of the life activities in the primodial being has its analogue in the intimacy between the ego instincts and the sex instincts observable in man. In every function there is a pleasure value, but the tactual sense is preëminently the instrument that registers the erotic experience. The very sex act is an act of touching. The functions derived from the primeval prehensile activity, such as ingestion of food and drink, are for the reason of their evolutionary origin endowed with a considerable erotic component. On the level of ideation in man, the tactual sense still continues its sway, as seen from the fact that degrees of reality are best expressed in terms of solidity. That is most real which can be touched or grasped. Such expressions as ''Striving to reach an ideal, one is touched by an event'', illustrate the symbolic representation of the tactile sense in language. On the other hand, such expressions as ''fusion of two souls'', ''to become one with one's beloved'', demonstrate the closeness of association of tactual and erotic elements even on the level of abstract ideas. The significance of the tactual feature in ideation the author correlates with the ectoblastic origin of the brain tissue. What is brain now was at dawn of evolution the tactual surface of the unicellular organism.

Most of the first part of the book is devoted to these interesting applications of biological data to the nature of activity of sense organs. What follows is rather disappointing. The middle third of the book is given over to the discussion of masturbation, which the author confounds with auto-erotism, of which it is only a form. Obviously he has not availed himself of the contributions of the Freudian school during the last decade to the subjects of narcissism, the development of the ego, the origin of perversions, the social aspects of the erotic striving, all of which are indispensable for a psychoanalytic consideration of sex, even in the specific aspect, as the title of this book implies. Of special interest is the fact that the basic psychoanalytic concept of the unconscious is not utilized directly, but rather by way of a dim implication. Transference, fixation, regression are found to be indicated in the material quoted, but no methodological use is made of them. The result is that this part of the book appears to be poorly organized, somewhat out of date, and in portions decidedly incorrect (overlooking the adult and normal forms of narcissism so indispensable for stability of character). In view of the fact that throughout the book the author refers to Stekel time and again, one could perhaps account for the shortcomings mentioned by the fact that the author is apparently under the spell of this prolific writer, whose ample journalistic qualities hardly compensate for his lack of scientific precision and clarity of formulation.

The last third of the book is taken up with the senses of taste, smell, hearing, and vision, which are treated in the way usual in popularizations of sex knowledge.

The book is a credit to the author's facility of style and general erudition, but can hardly be regarded as a contribution either to sexology or to psychoanalysis, although written ostensibly from the point of view of a psychoanalyst. The real work on ''sex and the senses'' is yet to come.

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Principles of Social Psychology. By J. M. Williams, B.D., Ph.D. New York: Alfred A. Knopf, 1922. 459 p.

Nothing more clearly illustrates the complexity of social life and the task undertaken by social psychology than the ease with which human behavior can be interpreted from the standpoint of any of the fundamental impulsive reactions. Freud and sex, Adler and will-to-power, Rivers and fear, furnish a central pivot for the interpretation of social conduct. In his *Principles of Social Psychology,* Williams chooses to make the pugnacious attitude basic, and, building upon conflict as the fundamental element in human behavior, he constructs a suggestive and original study. It is of course easy to criticize his choice and to point out that pugnacity is not the only human reaction to social stimuli. In the same way, the Freudian and Adlerian psychology can be accused of exaggeration.

The fact remains that pioneering investigations of social behavior can hardly escape excessive emphasis upon one of the many motivating impulses that show themselves in social activity. In justice to the author, it also should be noticed that in undertaking his task of analyzing conflict as it appears throughout the social organization, he does not claim for it a monopoly of social influence, and he does not fail to bring other impulses within the domain of conflict. With whichever of the impulses—hunger, fear, sex, self-assertion, or pugnacity—one starts serious analysis, it soon becomes necessary to incorporate all the others as subordinate elements, and thus the interwoven relationship as well as the complexity of human impulses becomes clear.

The author doubtless expects the book to appear controversial and so it will. It bears upon its pages the atmosphere of conflict and no thoughtful reader can help balking at times at some of the conclusions. The book is near to life and has the marks of observations gathered from experience in American town life. It cannot claim to represent the deepest, universal level of human reaction. It is Occidental and American. It is largely descriptive, and here and there more satisfactory explanations of the phenomena recorded could be given by greater use of the psychological mechanisms that are now catalogued under ''the new psychology''. Social psychology is defined as the science of the motives of people living in social relations. The author rightly insists that these motives can finally be known only by analysis of the motives of the individual members of society.

The whole book revolves about the idea of conflict. This conflict is considered in its economic, political, professional, family, cultural, and educational relations. The last main discussion treats the social reactions due to suppressed impulses and will surely impress any reader who has the wit to appreciate the practical meaning of what the author says. The book is rich in applications such as the following: ''Social progress has been slow because those who have the sympathy and intelligence for this very reason usually lack power of action. Because the sympathetic is so opposed to the aggressive dispositions, those who are especially gifted in sympathy and its intellectual manifestations shrink from action. They retreat within themselves and seek satisfaction through their own affective associations of ideas. Sharply distinguished from this contemplative idealist is the critical and fighting idealist. He does not shrink from the unpleasant revelations made by scientific investigation of social conditions. He does not lay down the book and seek to escape the unpleasantness of plain facts by not believing them. Mere intellect is weak unless supported by a vigorous resistful disposition. The intellect of the idealist is one capable of forming convictions. He is not afraid to face the facts, but he demands facts as the basis of his convictions. He would create a new social order, not out of his head, but out of the old. And in this use of the old in the creation of the new, he finds that his own personality experiences an all-round development that neither worldliness on the one hand nor contemplative idealism on the other makes possible. Whatever the social influence and effect of his ideas and efforts, his own personal development shows the possibilities of human progress.''

The discussion on public education is particularly thought-compelling, especially in its portrayal of the weakness of rivalry as an educational motive. In college-faculty discussions a listener sometimes gets the impression that there is no other motive that can produce *scholarship*. This gives the flavor of his comment: ''The appeal to the rivalrous disposition does not encourage—it discourages—the action of the intellectual disposition. Marks and prizes accustom the pupils to expect, for assiduity in their studies, satisfaction other than that of the intellectual impulses, and discourage work for the intellectual satisfaction of doing the work 'right'. A student who has been trained to work under the stimulus of rivalry will be apt to continue dependent on that stimulus and to fail in work in which there is no satisfaction to be got except that of doing it right. Therefore, tasks in school or college should not be such as to arouse no interest in themselves, so that students have to be aroused by stimulating rivalry. They should be such as to stimulate the intellectual impulses, so that the task will be done as nearly perfectly as possible for perfection's sake.''

ERNEST R. GROVES.

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THE STORY OF MAN'S MIND. By George Humphrey. Boston: Small, Maynard, and Company, 1923. 302 p.

"The psychology of business, home, and school, with its thousand uses and applications explained for every one"—rather a large order to cover in three hundred pages, but Professor Humphrey succeeds in producing a very readable introduction to the study of psychology. Unfortunately the "popular" style that the author adopts is carried to a rather tiresome extreme.

After explaining the why and wherefore of certain animal organisms, from the amœba to the dog, Professor Humphrey "rings up the curtain for the baby". The reader is then given an orthodox account of infantile reaction patterns and is led from a description of these purely instinctive reactions to those of the adult which employ reason. The book is illustrated, so that the reader may utilize the various psychological tests described by the author.

The bulk of the book is concerned with more or less specific reactions, and here the author succeeds admirably. His concise exposition of man's mental and physical endowments, the action of the brain and nervous system under various stimuli, and so forth, are accurate and easily understood. But on reaching the more subtle "why" of man's emotions, Professor Humphrey gives the impression of floundering. He is more skillful at determining reflexes than at comprehending the psyche, or, rather, he makes the grave error of trying to explain emotional life in the language of knee jerks.

Professor Humphrey has a distinct leaning toward suggestion as a therapeutic agent, and he describes several cases in which such therapy was employed by him. These may prove impressive to the lay reader, but those who have more than a casual knowledge of mental therapy will find them inconclusive.

Prayer is discussed from the standpoint of suggestion. The author considers prayer invaluable because of its suggestive powers, and adds: "Who will then dare not to insist that his children say their prayers? And may not the decay of the prayer habit be in part at least the cause of that decay of morals which many think they see around them to-day? Certainly a world that said each night the 'Our Father' would be in spite of itself a better world than this is." A strange statement from the pen of a psychologist!

Needless to say, Professor Humphrey is not a Freudian. However, he claims a limited sympathy with the new psychology and then voices sentiments that would cause even an unorthodox Freudian to shudder. This may be illustrated by his advice to parents on the rearing of children. He bids them follow the stern example of Nature, who inflicts pain when we defy her laws: "It is often asked whether corporal punishment is justified. There is only one answer to this from the point of view of psychology. Nature's way of saying 'hands off' is by discomfort."

In his account of psychoanalysis, Professor Humphrey tries to condense so much material into a few pages that he produces hash. He gives the reader a superficial and rather tawdry description of the subject, laying much stress on sensational dream interpretation and neglecting such basic principles as that of the infantile sexuality and the "family romance".

After all, *The Story of Man's Mind* is not a book that will be taken seriously enough to exert any profound influence for good or ill. He who runs may read, but in all probability he will not be greatly impressed. If the book serves to whet the curiosity of those uninitiated in psychological booklore, so that they will seek a more substantial mental diet in that department, it will have reached its ultimate goal. Apparently this was Professor Humphrey's intention.

RUTH LIEBMAN.

Stamford, Connecticut.

INTELLIGENCE MEASUREMENTS: A PSYCHOLOGICAL AND STATISTICAL STUDY BASED UPON THE BLOCK-DESIGN TESTS. By S. C. Kohs. New York: The Macmillan Company, 1923. 312 p.

This book combines a discussion of the definition of intelligence, a critique of statistical methods, a presentation of a new non-language test, and general observations on a variety of problems related to intelligence measurement. The psychology of analysis and synthesis is the principal argument, and in a way provides some unity to the various problems that are considered.

The current definitions of intelligence are criticized. It is necessary to get back to something more fundamental than definitions in terms of "adaptation to new situations". "Our definitions should certainly be better than in terms of use." Moreover, the definition of intelligence as adaptation breaks down in the highest type of intellectual functioning, such as the propounding of a theory of heredity, of a periodic law, and the like. To define it according to Ebbinghaus as the ability "to combine" omits the analytic element. The author believes it would be more adequately defined as the "ability of an individual to analyze and synthesize".

This definition is arrived at after a careful "orientation" in the philosophical, psychological, and neurological fields. The philosophers, it appears, "have already blazed a somewhat ambiguous trail". Throughout psychological literature, the importance of these two factors is recognized. "Intelligent acts of all sorts require both an analysis of the situation which confronts one, a critical inquiry into methods of solving the problem, and a final synthesizing of details into a consistent whole.'' This is a new and stimulating approach to the definition of intelligence. The objections that are offered to the older definition are not, however, entirely remedied. To define intelligence as the ability of an individual to analyze and synthesize is as much in terms of use as to define it as the capacity to adapt to new situations. The criticism that the ''adaptation'' definition does not meet such operations as are involved in the propounding of theories is unjust. There are three important elements in this definition—namely, adaptation, conscious adjustment, and novel situations.[1] The criticism does not regard the two last elements. The three elements cover the situation.

The block-design tests ideally utilize the factors of analysis and synthesis. The test material consists of sixteen ''color cubes'' which may be secured at any large department store. These may be put together to build designs that may either be simple or very difficult. The author has standardized procedure and presents norms for seventeen designs. They include measurements of mental ages from five to nineteen years. Thirty minutes are required on the average for administration.

The statistical material is admirably presented. The author first discusses the methods of standardization generally employed and gives an excellent criticism. An entire chapter is well devoted to this. The standardization of the block-design tests includes a year scale such as the Binet and a point scale derived by a ''linear projection method''. All data from which conclusions are made are fully presented in many tables and graphs. The norms are based on 367 cases, of which 292 were public-school children and 75 were cases from institutions for the feebleminded. Though a standardization with more cases might be desirable, the selection of cases is excellent and the work has been so carefully done that this objection is largely overcome. The validity of the tests is based upon ten criteria which are very comprehensive. The correlation between the Binet and block-design mental ages yields a coefficient of .82 for all cases; for the public-school cases the correlation is .81 and for the feebleminded it is .67. Between life age and block design the correlation is .66. The tests correlate well with Binet vocabulary and Trabue language-completion tests.

All of the correlations are made on the basis of the complete ranges of intelligence and age. Correlations of smaller ranges would be valuable. There appears to be some tendency for children whose Binet I.Q.'s are below 80 to rate somewhat lower on the block-design tests. This is somewhat unusual for a performance test.

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[1] Stern's definition of intelligence as translated by Whipple is: ''Intelligence is a general capacity of an individual consciously to adjust his thinking to new requirements; it is general mental adaptability to new problems and new conditions of life.''

The value of the tests lies particularly in their almost complete independence of the language factor and education. They will be welcomed by many who have been waiting for a well-standardized non-language test that will measure the entire range. "The results indicate that the block designs are as good as any single test in the Binet, as good as the Trabue language-completion tests, or any other similar single type test, whether involving the use of language or whether mere performance."

In a chapter entitled *Supplemental Observations,* various problems of intelligence testing are discussed. The author inclines to the sixteen-year standard for average mental age. The results of the intelligence examinations obtained in the draft army are severely criticized. The selection of cases and methods of examining are the principal grounds of objection. The drawing of comparisons between the intelligence of prisoners and of the draft army is forbidden. Recent investigations show that men in prisons are not markedly inferior in intelligence to the men in the draft army. The author quotes at length six authorities to prove that the principal problem in delinquency is mental deficiency. These authorities antedate the investigations.

The constancy of the rate of intelligence development is discussed and the use of logarithmically spaced cross-section paper is suggested to replace the equally spaced cross section in making graphic representations of the I.Q. curves.

In the appendices, the author presents statistical material to determine three-, five-, seven-, and nine-point distributions, a modification of the Pearson formula of the coefficient of correlation and an elaboration of Sheppard's tables for probable error.

E. K. Wickman.

The National Committee for Mental Hygiene, Child Guidance Clinic No. 2.

Report of a Study of the Interrelation of the Work of National Social Agencies in Fourteen American Communities. By Porter R. Lee, Walter W. Pettit, and Jane M. Hoey. New York: National Information Bureau, 1923. 157 p.

This is a report of a study undertaken by the National Information Bureau at the request of a group of national social agencies which met in Washington in April, 1921, for the purpose of discussing the relationships between national and local social-work organizations. The resolution passed at this conference called for a ''study of the work of national agencies in several communities'' and an effort to ''determine the facts as to the interrelation of the work of national agencies in those communities''. The scope of the study was outlined by a general committee elected at the conference to continue its work after adjournment. This committee chose fourteen communities with the following considerations in mind: geographical and size distribution, proportion between cities that have and those have not community chests, the number of national organizations having local contacts in each, and such other considerations as would conduce to the selection of a fairly representative group of American communities. The study was conducted by a staff headed by Porter R. Lee and Walter W. Pettit of the New York School of Social Work.

The great expansion of social-work activities in the United States in recent years undoubtedly made such a study most timely, and while it was not intended to represent a comprehensive survey of the field of social work, the ground covered by the staff has been sufficiently extensive to disclose an amount of new knowledge and information that cannot fail to be profitable to national organizations and local agencies alike. It is interesting to note that of 46 national agencies encountered in the communities studied, 12 were organized prior to 1900, 21 between 1900 and 1917 (the year of the war), and 13 since. No attempt was made to evaluate the work done by these agencies in the fourteen communities concerned, or to study all the social work done in those communities. The object of the study, as expressed by the staff that made it, was simply to secure a picture, as accurate as their limitations of time and expense would allow, of the situation in a number of different American communities with regard to their relations to the national social-work agencies operating within them. It may be described even more specifically as an effort to interpret the feelings of local communities and their social agencies toward the national organizations.

As might be expected, the staff reports many problems. Among the outstanding factors that determine the relationships between the national and local agencies may be mentioned organization, administration, service, personnel, and finance. These were given careful attention from the standpoint of national as well as local agencies. One of the significant observations—an observation that is constantly recurring—is that which refers to '' the development of a general attitude in local communities towards national organizations''. This is what the staff has to say about it: '' Local communities are developing the beginnings of a general attitude towards national organizations. This is wholly apart from the attitude of a particular local agency towards the national organization in its field. This more general attitude involves a point of view towards all national organizations shared by a growing number of persons. It is revealed in a certain tendency to ascribe to them certain characteristics, to credit them with certain benefits, and to charge them with certain shortcomings which in some centers of local opinion are thought to be true of the whole group of national agencies.'' This tendency is ascribed by the staff to a number of different circumstances. '' The establishment of thirty-four such organizations since 1900 has meant for local communities thirty-four new relationships. The number of persons in the local community appealed to for support at the time of organizing a new movement is usually limited, and through this relatively small group most of these newer nationals have made their introduction to the local communities. Certain similarities in the approach of national agencies to the local community, certain similarities in the type of support and interest asked for, in the method of organization, and the like, have probably been in part responsible for the growing up of a community feeling about national organizations as a group.'' The tendency has been especially developed in cities that maintain community chests. These chests consider requests for appropriations from national organizations collectively and the discussions are naturally in terms of what the local community should contribute to the whole group of national agencies interested in the community. This leads to a certain merging in the thought of budget officials of the interests of such agencies. The staff points out that the importance of this developing attitude lies in the fact that in certain respects the success or the failure of one national organization affects the prestige of all. This has an obvious bearing, for instance, upon the success of national organizations which derive their support through local contributions. When a chest does not succeed in raising its total budget, contributions to national headquarters are likely to suffer first. In a situation of this kind national organizations tend to stand or fall together because a chest under these circumstances is not likely to differentiate between them.

The problem of finances apparently exerts a greater influence upon the status of the relations between national and local social-work agencies than any other single factor. The rapid extension of the community-chest movement has raised problems for national organizations which have altered their relationships to local agencies and are likely to have far-reaching effects on the general status of social work in the United States. Certainly it is changing the methods of organization in social work in all communities in which the idea of centralized finance has been adopted. A logical outcome has been the development of a community consciousness with reference to social work that is now regarding the needs of the community as a whole and is subordinating specific interests in special fields of social work to a common interest in the general social-work requirements of the community. This tends to emphasize the spirit of local-mindedness at the expense of the national organizations. As a result, there is more thinking about national agencies as a group in those communities than is true of national social agencies themselves. The national executive approaches the local situation with a national point of view, restricted, however, to his particular field, while the local executive is being forced to think of his work in the light of the general community situation. There is undoubtedly much to be said on both sides of this question. The report does not attempt, however, to deal with the problem of financial relations between locals and nationals beyond defining it and urging a more comprehensive study of the problem.

The staff reports that it found every possible variety of attitude towards national organizations, from complete ignorance of their existence to a cordial recognition of their value. In general they found a belief in the value of national organizations, especially in their extension work. On the whole, however, the findings of the staff cannot be considered very flattering to the nationals. Complaints are made by the locals toward the nationals ranging from dissatisfaction with the personalities of certain field workers and the feeling that there are too many national organizations to the conviction that there are fields of social work that are entirely neglected by them. On the other hand, there are criticisms by the nationals of such factors in the local situation as self-sufficiency, a parochial point of view, and an exaggerated sense of home rule. The locals look upon the nationals as service organizations existing solely for the benefit of the former, while the nationals feel that the locals must learn to look beyond the immediate needs of their community and consider the progress of the national movement as a whole. Among the inadequacies of service reported by the locals the staff mentions the great need for expert advice in such matters as building planning and construction, especially where local programs call for particular types of buildings.

The community attitude is again seen in the requests made of national field representatives for advice on inter-agency relationships within the community. The establishment of councils of social agencies and community chests in many of the communities makes the organization of interrelationships a vital question. This illustrates one of the most difficult problems of field service and the wide range of authoritative information which a field worker must have, not only concerning his own field, but with reference to the services available for other national agencies. Against this deficiency on the part of national staffs is set the failure of local agencies to appreciate the educational aspects of their work and the general lack of training among local executives for such activities as, for example, publicity work. National executives deplore the diffidence of locals toward this vitally important measure for the education of public opinion. This attitude is reflected in the way national programs are regarded by local executives in ''chest'' cities. They indicate a willingness to have the programs of local and national work presented periodically in the public prints, but these are invariably linked up with emotional appeals. While this method brings in returns in funds, it is not considered adequate by the national agency for the education of the community in the fundamental principles upon which the real progress of social agencies is based. In general, local executives do not consider themselves part of the national movement. The national movement to them consists in the contact effected with the local organization and the leadership exercised by the national headquarters, rather than the expression of a new idea for nation-wide social betterment. The interpretation of existing relationships between the national organizations and the fourteen communities that came under the purview of the staff may be epitomized in the words of the staff as follows: ''There is no general community interest on the part of national organizations. The purposes and services of national organizations are in local thinking being merged into a general community conception which considers its relationship to national organizations as a more or less unified thing and this consciousness in the local community is proceeding much more rapidly than any similar consciousness of their common stake in local communities on the part of national organizations themselves.''

The staff makes clear at the outset that it has refrained as far as possible from any critical evaluation or comment of its own upon the conditions studied and has tried to limit its observations entirely to an interpretation of feelings, facts, and situations as it found them. The reviewer wonders, however, whether more attention should not have been given to the state and regional agencies which act as intermediaries between the national and local organizations in some of the fields covered by this study. May they not represent modifying factors in any attempt to place the responsibility for the attitudes of locals toward nationals? There seems to be this weakness in a report which defines these attitudes and relationships without reference to the part played by intermediate organizations.

Appendices to the report present a directory of the various national organizations included in the study, together with their local affiliations, lists of the cities studied which have community chests and councils of social agencies, and other interesting information regarding the national agencies.

PAUL O. KOMORA.

The National Committee for Mental Hygiene.

THE BIOLOGY OF DEATH. By Raymond Pearl. Philadelphia: J. B. Lippincott Company, 1922. 275 p.

This fascinating book has given rise to much controversy. In one rather unhappy chapter the author manifests some doubt as to the efficacy of health work and makes some ill-chosen comparisons of the decline in the death rate from diseases supposed to be influenced by health activities and from others not subject to such influence. The two groups of diseases selected were, respectively: A, tuberculosis of the lungs, typhoid fever, diphtheria and croup, dysentery; B, bronchitis, paralysis without specific cause, purulent infection and septicæmia, softening of the brain. Comparisons are made by plotting logarithmic curves of the death rates from each of these diseases reported in the United States registration area from 1900 to 1918. The author concludes that the rate of decline is just as significant in the one group as in the other.

To make the case against health work stronger, the author compares the course of mortality from 1898 to 1912 in certain countries supposed to occupy an advanced position with respect to health work with that in certain other countries thought to be backward and undeveloped in such activities. He places in the former group Australia, Austria, England and Wales, and Germany, and in the latter group Italy, Jamaica, and Roumania. Then, with the use of logarithmic curves, he shows that the decline in death rates has been similar in the two groups of countries.

The futility of such comparisons is evident to any one familiar with the reporting of vital statistics in this country and in Jamaica and Roumania, and naturally this part of the book has not gone unchallenged. Dr. Louis I. Dublin, in the *Survey* of May 15, 1923, takes the side of health agencies and shows that Dr. Pearl's apparent proof is in reality very flimsy and unreliable evidence. Although Dr. Pearl answers Dr. Dublin in a later issue of the *Survey* (July 15), we believe that most of the points raised by Dr. Dublin are well taken.

This unfortunate chapter should not condemn a book that is written in such a charming style and has so much to be commended.

In the opening chapter, the author raises two questions—namely, "Why do living things die?" and "Why do living things die when they do?'' In answer to the first question, after a review of experimental and other evidence, the author concludes that life itself is inherently continuous. Single-celled organisms under favorable conditions are immortal. In many-celled organisms death necessarily occurs only in such somata as have lost, through differentiation and specialization of functioning, power of reproducing each part if it, for any accidental reason, breaks down or is injured. Somatic death results from an organic disharmony of the whole organism initiated by the failure of some organ or part to continue in its normal harmonious functioning in the entire differentiated and mutually dependent system. In answer to the second question, the author holds that the time at which natural death of the soma occurs is determined by the combined action of heredity and environment. For each organism there is a specific longevity determined by its constitution.

In Chapter 2 the author discusses the conditions of cellular immortality and reviews the work of Loeb, Lillie, and others, and leads up to the generalization that all the essential tissues of the metazoan body are potentially immortal. The death of such a body occurs fundamentally because of the way in which the cells and tissues are organized into a mutually dependent system.

Statistical discussions of the chances of death are given in Chapter 3, and comparisons are drawn between early life tables and Glover's table for the population of the United States registration area in 1910. After pointing out that gains in expectation of life in recent years apply principally to the early age periods and quoting the researches of Macdonell and Pearson as evidence thereof, the author remarks in a footnote: ''No absolute reliance can, of course, be put into Macdonell's or Pearson's curves. Besides laboring under the serious actuarial difficulty of being expectations calculated from a knowledge of deaths alone, the randomness of the sampling, even on that basis, is extremely doubtful.'' The whole chapter is rather misleading, as the uncritical reader is likely to believe that all of the data submitted are equally valid.

The causes of death are discussed in detail in Chapter 4. Here, again, the mathematical treatment is much better than the original data.

The most interesting part of the book and the part on which the author lays greatest stress is the discussion of the inheritance of duration of life in man. Here, again, the author uses some questionable material and draws some conclusions that seem unwarranted. For example, on page 161, he asks the question ''By how much more would the expectation of life be extended if all reasonably preventable deaths were prevented?'' To answer this question he uses some data collected by Professor Irving Fisher "some years ago" by sending a list of ninety diseases to a group of the most prominent medical authorities in this country and asking them to designate what percentage of the deaths due to each disease they considered preventable. The results of this inquiry, the author states, were tabulated in an extremely conservative manner and the figures were used in computing expectations of life based on the two assumptions that deaths were and were not prevented according to the estimates. From these calculations it was found that the total increase in expectation of life which would result if Fisher's ratios of preventability were fully realized *is just under thirteen years.* Then the author compares this result with the results found in the analysis of Alexander Graham Bell's studies of the Hyde family, and states: "No more striking demonstration could be found of the overwhelming importance of heredity in determining duration of life. For if all the deaths that reason will justify one in supposing preventable on the basis of what is now known were prevented in fact, the resulting increase in expectation of life falls seven years short of what might reasonably be expected to follow the selection of only one generation of ancestry (the parental) for longevity."

In discussing studies which apparently show the lessening of the duration of life by unfavorable environment, the author is much more critical in accepting the work of others. If the same critical attitude had been used throughout the work, the conclusions would have more significance.

It should be pointed out that the author is not opposed to health work and he praises the results accomplished by the International Health Board of the Rockefeller Foundation.

In the final chapter the author discusses the population problem and works out curves to show the growth of the population in various countries. The curve for the United States shows that the maximum population will be 197,274,000, and that this figure will be reached in about the year 2100. The food requirements of the population at that time will be much greater than the present production of food in this country, and it seems unlikely to the author that great increases in production will occur. He concludes that for every point the death rate is lowered the problem of population is made more difficult unless there is a decrease in the birth rate.

Although it has appeared justifiable to discount some of the conclusions arrived at by the author, the book is one of unusual interest and is worthy of careful reading by every one interested in the problems of life and death.

New York State Hospital Commission. HORATIO M. POLLOCK.

FUNCTIONAL NERVOUS DISORDERS: THEIR CLASSIFICATION AND TREATMENT. By Donald E. Core, M.D., M.R.C.P. New York: William Wood and Company, 1922. 350 p.

Classification upon classification upon classification! Thus may be epitomized the author's treatment of functional nervous disease.

A whole, however complex, must be the sum total of all its parts, but by the time such a whole as the psychoneuroses has been reduced to its ultimate fragments, the average clinical mind is too exhausted to follow any attempt at reconstruction. Once taken to pieces, those composites of motives, feelings, and behavior that make up functional nervous disease cannot be put together again. One is unable to see the wood on account of the trees.

Core has incorporated in his system the main divisions of the old faculty psychology, supplemented by various principles of modern social psychology and the behavioristic school. Over the top he has sprinkled a little psychoanalysis. Biological concepts are freely interjected. Verbally, his major formulation is fairly simple. Man differs from the non-human animals in the development of emotional control. Defective emotional control is the main feature of the psychoneuroses. From the standpoint of evolution, there is a hierarchy of psychical activity representing degrees of emotional control and consisting, in an ascending scale, of ''the non-human organism, the human idiot, the human infant, the hysterical adolescent, and the normal man''. Functional nervous disorders ''are the expression of abnormally controlled emotional reactions, determined and adjusted by environment and not by any gross or demonstrable pathological lesion''. Core continues: ''It is obvious from the terms of this definition that the factors of importance in the genesis of the functional nervous disorders are the emotions, their reactions on the body and intellectual activities, and the environment.''

The classification of these disorders that the author has found useful in clinical practice is as follows:

''*A. Regressive.*

Hysteria.

1. Symptoms arising in the atmosphere of a recrudesced emotional tone and associated with behavior determined in the atmosphere of an analogous emotional tone in early life, characterized by an abnormal absence of control: *Primary hysteria.*
2. Symptoms arising in an atmosphere associated with discomfort in the broadest sense in any part of the body: *Secondary hysteria.*
3. Symptoms arising in the atmosphere of expectation:
   a. Of discomfort in any part of the body;

  - *b.* Of symptoms or abnormal behavior generally, determined at inception by any of the preceding mechanisms: *Tertiary hysteria.*

"(*The Hyperthymic State.* This, as mentioned above, does not in itself constitute a functional nervous disorder; but it requires consideration on account of its influence upon certain of these disabilities. According as to whether the individual has never acquired emotional control in normal intensity, or has at one time acquired such control, the hyperthymic state may be referred to as *primary* or *secondary* respectively.

"There is no standard of hyperthymia; it may be defined as the condition of any individual whose degree of emotional control is less than the normal for the community in which he lives.)

"*B. Progressive.*

The sympathetic functional nervous disorders.

1. Symptoms arising in the atmosphere of an emotional tone, the appropriate conative aspect of which is prevented from developing: The *instinct-distortion neuroses* or *dysthymias.*
   - *a.* *Confusional* or '*centrifugal*' dysthymia.
   - *b.* *Introspective* or '*centripetal*' dysthymia.
2. Symptoms arising in the atmosphere of dread:
   The *memory-* or *mnemo-neuroses.*
   - *a.* The elements of the dread are 'logical'; readily understandable by the patient and the generality of mankind: The *ordinary form of the memory-neurosis.*
   - *b.* 'Illogical' dread, the elements of which are entirely incomprehensible to the patient: The *obsessive form of the memory-neurosis.*"

Much of this outline is to a degree self-explanatory. Certain phases, such as "centrifugal" and "centripetal" dysthymia, will bear more elucidation than can be given here.

Two paragraphs from the summary of the mnemo-neuroses on page 254 illustrate the author's point of view and his involved method of presentation. Discussing simple or direct mnemo-neuroses, he writes: "The element of dread is dependent on conscious memory and is comprehensible to the patient and to the environment. The resulting symptomatology falls into two groups, a primary and a secondary. The primary stage is characterized by the incidence of pain which is of vascular origin and which is associated with localized arterial asthenia and irritability. The pain is determined by direct irritation of the periarterial sympathetic nerve plexus and, in certain cases in addition, by the anatomical relations of certain arteries and nerves of spinal origin. The site of incidence of the pain is associated with the persistence in consciousness of specific regions of the body in an atmosphere of dread and worry; its occurrence is accompanied with a blood-pressure that tends to be raised above the normal."

The obsessive or indirect mnemo-neuroses he describes as "associated with the occurrence of incidents in the environment of determination which were completely registered in memory at the time, and upon which registration the element of dread was subsequently superimposed. The superimposition, to be effective in this way, must have been at a short interval of time after the registration of the incident in memory. The condition then becomes one of relative or secondary inattention as far as the incident is concerned. The memories of such incidents are thereby rendered inaccessible to the patient, being isolated by secondary associational disposition activated in the atmosphere of a centrifugal emotional tone at the time of the superimposition of the dread. Any state of fear or dread is capable of reactivating these dispositions; the reactivation of them by the specific elements to which they are directed excites a centrifugal emotional tone.''

No illustrative cases are furnished to mitigate the tedium of the reader's task. This book is not likely to give a clear grasp of the subject to any one except the author himself and is additional evidence of the futility of depending upon the categorical reflective in the clinical study of total human reactions.

MARTIN W. PECK.

Boston Psychopathic Hospital.

GENETICS: AN INTRODUCTION TO THE STUDY OF HEREDITY. By H. E. Walter. Revised Edition. New York: The Macmillan Company, 1922. 354 p.

The psychiatrist is, or should be, an intellectual mediator between the biological investigator and the social worker. His scientific training gives him an insight into purely biological matters deeper than that characteristic of the average practical sociologist, while his professional duties bring him into contact with actual cases of human deficiency and weakness far more intimately than is usual with the biologist. If thoroughly equipped, the psychiatrist is thus in a position to appreciate the problems presented by real life, to understand the results of scientific investigation, and to estimate the practical value of measures of reform. What is to be the stand of the specialist in mental hygiene in regard, for instance, to the proposals of eugenics?

Here is a subject of vital importance to humanity, bearing on a thousand matters of practical interest, such as education, immigration, marriage, the strength of the state, labor, trade unionism, and what not. Modern biology has shown conclusively that the questions implied here cannot be answered by an appeal to the old environmentalist philosophy; fundamentally their solutions must be based upon the principles of heredity, dimly glimpsed in the past by practical breeders of plants and animals and now formulated, through the brilliant discoveries of recent years, into the new science of genetics. The student of modern social problems must master this new revelation, if for no other purpose than properly to appraise the proposals of the eugenists, and there is no better guide than Walter's *Genetics*.

Professor Walter of Brown University is not a research student of heredity, but he has assimilated the scattered literature of the subject and has presented the whole in a manner at once clear, readable, and perfectly adequate. As he says in his preface: "There may be a certain advantage in having as spokesman one who is not at present immersed in arduous technical investigations. The difficulties in understanding this complicated subject may possibly be realized better by one who is himself still struggling with them than by the seasoned expert who has long since forgotten that such difficulties exist." In the beginning the author makes clear that each individual is the resultant of three forces: environment, heritage, and response. The second is the unchangeable side of the triangle, fixed at birth; and it is also the most important, since it irrevocably predetermines the limits of possible accomplishment; moreover, the last is in reality dependent upon it, though the author hardly makes this clear. For the sociologist this obstinate, fixed character of hereditary traits is the outstanding fact of modern genetics.

Fifteen chapters are devoted to variation, Mendelism, the problems of acquired characters, the determination of sex, the behavior of the chromosomes, the application to man (eugenics), and numerous less familiar topics, all explained in clear and simple language, with a wealth of apt analogies and cleverly constructed original diagrams. It is impossible to go further into detail within the limits of a brief review; every psychiatrist should own the book and let it speak for itself.

HOWARD MADISON PARSHLEY.

Smith College.

THE DEVELOPMENT OF AMERICAN PRISONS AND PRISON CUSTOMS, 1776-1845; WITH SPECIAL REFERENCE TO EARLY INSTITUTIONS IN THE STATE OF NEW YORK. By O. F. Lewis, Ph.D. Albany: Prison Association of New York, 1922. 349 p.

In Mr. George W. Wickersham's appreciative foreword to this posthumous volume he says that Dr. Lewis spent some five years in gathering material for it. The book certainly gives ample evidence of an enormous amount of painstaking and scholarly work on the part of its author, and happily for the reader the results of this research are admirably presented, and illuminated by a wealth of allusion to more modern instances and theories. The period studied is in itself a rather dreary and unpromising one, in which the most constructive ideas that pushed their way through the arid soil suffered the fate of things that ''come before their time'', but it is undoubtedly an important one, as the foundations were then laid of a repressive system of prison discipline that has endured with too little modification for many generations.

During the seventy years that Dr. Lewis chose for this study there were, he points out, three distinct waves of prison reform, the first beginning in 1787, the second in 1820, and the third in 1840. He shows how the Quakers of Pennsylvania, who were the first to be impressed by the failure of the methods of corporal and capital punishment and of imprisonment without discipline, were inspired to work out a more decent and humane system, which served as a pattern of construction and administration for the first state prisons of many other states. Some of these made a fairly good beginning, according to the lights of the times, but most of them in a few years became more or less demoralized by the inevitable failure of accommodations inadequate for an increasing population and methods of management based on no clear understanding of the human problems involved.

To comprehend this period, ''it must be remembered that the wickedness and the evil supposed to be lodged in the prisoner were far more keenly sensed, far more unquestioningly believed in, than is the case to-day'', Dr. Lewis reminds us. ''And for a community that believed inflexibly in the existence of a state in the hereafter of everlasting torture for evil done in this world, and unrepented of, it was surely not difficult to concede and even argue the propriety and necessity of severe punishments in prison for evil done in defiance of law.''

Much space is given to the development, in the decade from 1820 to 1830, of the two systems of prison construction and discipline, the Auburn and the Pennsylvania, which were for so many years the prime subject of controversy among the theorists concerned with prison problems, both in this country and in Europe. Both systems were based on the total prohibition of communication between prisoners, but the former allowed them to work together in silence, while the latter kept them in their solitary cells for work, and withheld from them the sight as well as the sound of their fellows. Apparently the discipline at Auburn was cruelly severe and unjust, while at the Eastern Penitentiary of Pennsylvania the officers were more just and kindly; but impartial observers from France who visited American prisons in 1831 found that at Auburn the prisoners were ''more severely treated'', at Philadelphia they were ''more unhappy''; that ''at Auburn, where they were whipped, they died less frequently than at Philadelphia where, for humanity's sake, they were put in a solitary and somber cell''.

The idea that for ordinary human beings some degree of social life is as essential to mental health as food is to physical health seems not to have occurred to the philosophical minds of that day. It is, indeed, characteristic of the period that the same theorists who considered the convict a totally depraved creature should still regard him as of such capacity as to derive great benefit from the opportunities for reflection afforded by prolonged solitary confinement.

The excesses of solitude and silence to which prisoners were subjected doubtless caused more mental disease than was recognized. ''Feigned insanity'' was frequently a diagnosis of what was probably a real disease. Dr. Lewis says, ''Tragedies innumerable and unrecorded occurred without question among the imprisoned insane. Much of the incentive to brutal punishments arose undoubtedly from the inability of the mentally sick to obey the prison rules and perform satisfactorily the stints of work set for them, stints that were frequently severe, even for the able-bodied.'' Throughout the book there are numerous references to the evidences of the benighted attitude toward both mental and physical disease that prevailed. ''To counteract the tendency to attain the hospital, severe penalties were affixed to feigned illness, and admission to the hospital was granted only on proof that was often so adequate as to bring about also the speedy death of the patient, because of the delays in proper medical or surgical treatment.''

The book pictures in considerable detail the outstanding prisons in Pennsylvania, New York, Massachusetts, and Connecticut that influenced the development of others throughout the country, and more briefly outlines the early history of prisons in a number of other states. There are some truly gruesome accounts of prisons established in abandoned mines and other pestiferous spots, and a chapter on that ''weakest link in the American penal system'', the county jail. Toward the close of the book the author describes the two early juvenile reformatories in New York and Massachusetts, and shows with how surprisingly modern a spirit they began their work, under men with a real understanding of children, and how soon these men and the children under them were sacrificed to the unreadiness of the public for a treatment even of child offenders on a basis of individualization and encouragement instead of generalization and repression.

MARY VIDA CLARK.

New York City.

NOTES AND COMMENTS

Illinois

The bill providing for a survey of specially handicapped children of school age, which was mentioned in the April, 1923, number of MENTAL HYGIENE, has been enacted. The survey, which is to be conducted by the state department of public welfare, must be completed within two years, and include the numbers, locations, and types of specially handicapped children. The state department of public welfare must, in coöperation with representatives assigned by the departments of public health and public instruction and the Chicago Board of Education, prepare a report containing the findings and recommendations. The types of children to be included in the survey were described in the April, 1923, issue. The superintendent of public instruction is authorized to appoint a director of classes for specially handicapped children, who shall assist in grouping the types and organizing them into suitable classes. The law carries an appropriation of $60,000.

Michigan

A new law authorizing the sterilization of mentally defective persons has been enacted. A sterilization law was passed in 1913 in this state, but was declared unconstitutional by the state supreme court in 1918. The new law does not include "insane" persons, as the former one did, but is applicable only to persons who have been adjudged mentally defective by a court of competent jurisdiction. Before sterilization is ordered there must be a court hearing, after ten days' notice, and the defective must be examined by three reputable physicians. After the hearing the court may order X-ray treatment or operation to render the defective incapable of procreation, if it is found:

"1. (a) That the said defective manifests sexual inclinations which makes it probable that he will procreate children unless he be closely confined, or be rendered incapable of procreation;

"(b) That children procreated by said adjudged defective will have an inherited tendency to mental defectiveness; and

"(c) That there is no probability that the condition of said person will improve so that his or her children will not have the inherited tendency aforesaid; or

"2. (a) That said defective manifests sexual inclinations which make it probable that he will procreate children unless he be closely confined, or be rendered incapable of procreation; and

"(b) That he would not be able to support and care for his children if any, and such children would probably become public charges by reason of his own mental defectiveness."

The court may, with the consent of the parents or guardian, order such treatment or operation, whenever it shall be found that the mental or physical condition of the defective would be substantially improved thereby, or that such operation or treatment is otherwise for his welfare. Any defective has the right to appeal from the order of the court.

New Hampshire

The sum of $400,000 was appropriated by the 1923 legislature for the construction of a new building for disturbed women patients at the New Hampshire State Hospital.

The New Hampshire School for Feebleminded has been granted an appropriation of $6,000 for equipping a farm to be used as a colony for boys.

New York

Chapter 881, Laws of 1923, authorizes increases of ten dollars a month in the wages of those employees in the state hospitals who are engaged in ward, domestic, kitchen, bakery, or laundry services.

The maximum period of detention of mental patients in psychopathic wards has been increased from ten days to thirty days, by the terms of Chapter 226, Laws of 1923.

Oklahoma

Under the name of "The Oklahoma Rehabilitation and Industrial Institute", there has been created a state institution for drug and liquor addicts. Patients may be committed to this institution or received upon voluntary application. All persons adjudged to be drug or liquor addicts, and as such committed to this institution, shall be committed for a period of six months. In case a patient is released and again becomes a drug or liquor addict, the state commissioner of health shall have the right to order such person recommitted to the institution. The institution is to be under the control of the state commissioner of health, who shall appoint as superintendent a practicing physician, skilled in the treatment of drug and liquor addicts, and an assistant superintendent with like qualifications.

A separate ward building, to be devoted exclusively to the care and treatment of discharged ex-service persons with mental or nervous disorders, has been authorized at the Central State hospital. An appropriation of $100,000 has been made for this purpose. All ex-service persons with mental or nervous disorders who are confined in other public institutions in the state shall be transferred to this new building upon its completion.

Pennsylvania

The Mental Health Act of 1923 contains a number of noteworthy features. This act modernizes and standardizes the former laws, bringing them together in such a way as to make a consistent whole. The terms ''mental illness'' and ''mental diseases'' replace ''lunacy'', ''insanity'', and ''unsoundness of mind'', except in cases where criminal law is involved. ''Mental defective'' is used instead of ''idiot'', ''imbecile'', and ''feebleminded''. Licensing power is extended to include all places where any kind of mental patient is received for remuneration.

The provision for voluntary admission, which formerly allowed a period of thirty days with the privilege of renewal, has been extended indefinitely. This provision now applies also to epileptics, inebriates, and indigent patients. The commitment procedure is modified somewhat, the principal change being a new provision for commitment by court order on the sworn certificate of two physicians. Three important new provisions are admission for temporary care, emergency commitment, and commitment for observation.

Before the passage of this law the three state institutions for mental defectives had different methods of admission. Now there are uniform provisions for them all. Epileptics dangerous to themselves or to others may be admitted to a hospital for mental diseases in the same manner as the mentally ill.

Authority to transfer ''insane'' patients has been extended to include all types of mental patient except those under sentence by court for criminal offenses or acquitted on grounds of insanity. The right to discharge mental patients is given to trustees or superintendent except in case of those convicted, those acquitted on grounds of insanity, and mental defectives and inebriates committed by court, in which cases a court order is required. Provisions are also included for interstate negotiations for return of escaped patients. The parole provision has been extended from sixty days to one year.

The names of the state hospitals for mental diseases and the state institutions for mental defectives have been changed by law to read as follows: Allentown State Hospital, Danville State Hospital, Farview State Hospital, Harrisburg State Hospital, Norristown State Hospital, Torrance State Hospital, Warren State Hospital, Wernersville State Hospital, Laurelton State Village, Pennhurst State School, and Polk State School.

Rhode Island

The name of the Penal and Charitable Commission has been changed by legislative enactment to the State Public Welfare Commission.

A bond issue of $600,000 has been authorized, proceeds from which are to be devoted to the state's several institutions. The state institution for mental defectives is to receive $176,000, and the state hospital for mental diseases, $153,000, for new construction, equipment, furnishings, and improvements.

South Carolina

The name of "The State Training School for the Feebleminded", which was established in 1918, has been changed by law to "The State Training School".

Texas

A law governing commitments to the state colony for feebleminded has been enacted. Formerly the manner and conditions of admission have been prescribed by the board of managers. Preference is to be given to women of child-bearing age and teachable children of both sexes. The law provides for parole, in the discretion of the superintendent and board of control, for any term or for an indefinite period, which parole may be revoked at any time.

Utah

Utah has been added to the list of states that allow voluntary admission to their state hospitals for mental disease. It is the thirtieth state to take such action. The following text of the Utah law is given in full on account of its comprehensiveness and the simplicity of its expression:

"The superintendent of the state mental hospital may receive and detain as a patient for a reasonable time, when there is room in the treatment building, any suitable person who is in an incipient state of mental derangement, who desires treatment and who voluntarily makes written application to the superintendent for admission and who is competent to make such application. The application must be accompanied by the certificate of a reputable physician that the applicant is a fit subject for admission.

"The superintendent may discharge a voluntary patient upon recovery or because further treatment in the hospital may be unnecessary or undesirable.

"A voluntary patient may not be detained for more than seven days after having given notice in writing to the superintendent of his desire to leave, provided that should the superintendent deem it unsafe to release such patient, he shall make application to the judge of the fourth judicial district to have the patient regularly examined before such court as to his sanity.

"The expense for the care and treatment of such patient shall be borne by the applicant or by his relatives or friends or authorized by the board of county commissioners of the county in which he resides."

Vermont

The civil administration of the state government has been reorganized into the following six departments by an act of the 1923 legislature: finance, public welfare, public health, highways, agriculture, and education. The department of public welfare, under the direction of a commissioner of public welfare, who is appointed by the governor with the advice and consent of the senate, succeeds to the rights, powers, and duties that have been vested in the director of state institutions, in the board of charities and probation, and in the state probation officer, in the governor as commissioner of the deaf, blind, feebleminded, or epileptic children of indigent parents and as commissioner of indigent tuberculous persons, in the board of trustees of the Vermont Sanatorium and other hospitals for the treatment of tuberculosis, and in the state board of supervisors of the insane.

British National Council for Mental Hygiene Elects Mr. Beers an Honorary Member

The July, 1923, issue of the *Journal of Mental Science*, the official organ of the British Medico-Psychological Association, contains the following account of the first ordinary general meeting of the National Council for Mental Hygiene of Great Britain, which was held in London at the House of the Royal Society of Medicine, Wednesday, June 27.

"After certain formal business had been transacted, Lieutenant-Colonel J. R. Lord, C.B.E., M.B., Joint Honorary Secretary, in proposing the election of Mr. Clifford W. Beers (who was present) as an honorary member of the council, said:

" 'Mr. Chairman, Ladies and Gentlemen, it is a happy augury for the success of our council that we should, at this early stage, have in our midst the mind that conceived the great movement of which the National Council for Mental Hygiene of Great Britain is the latest expression. I refer to Mr. Clifford W. Beers, a citizen of the United States and secretary of The National Committee for Mental Hygiene, New York. The Grand Amphitheatre of the Sorbonne, Paris, has only just ceased to reverberate with the welcome given him by our sister league of France. We are not yet, unfortunately, in a position to hold a demonstration of that magnitude to further the objects of our council, an occasion more fitting than the present one to greet Mr. Beers, but, nevertheless, our welcome is not less hearty and our homage not less sincere.

" 'To narrate the splendid part Mr. Beers has played in the inauguration of the mental-hygiene movement is not my particular object this evening. I quite recognize that this is not an occasion when one could do justice to so great a subject. I need only remind you that Mr. Beers, on recovery from a mental breakdown and having acquired personal knowledge as a patient in both private and public mental institutions, wrote a book in 1908, which he named *A Mind That Found Itself*. His object was to point out that mental disease as a public-health problem was one of vast importance, and needed the earnest attention of all thoughtful people. The importance of that book was enhanced by the fact that it was written by a man of education and of more than usual powers of observation. Following this, he formulated a plan for an organized mental-hygiene movement. His activities first began in his native state of Connecticut, where the first mental-hygiene society was founded in 1908. The National Committee was created in 1909, and by 1912 had on its roll of members the names of many of America's most illustrious men—judges, lawyers, physicians, educationalists, clergymen, political economists, and so forth. It has already a record of achievements to be proud of, and it is now the most powerful agency for the amelioration of the mentally afflicted that America has seen since the time of Dorothea Dix. More than 20 states of America have state mental-hygiene societies. The movement has spread to Canada, France, Belgium, South Africa, Great Britain, and lately Brazil, and representatives of 10 countries conferred with Mr. Beers in Paris regarding plans for a projected international congress and the organizing of national leagues in countries where they have not yet been established. Among them are Italy, Spain, Czechoslovakia, Hungary, Denmark, and Norway.

" 'So that which lies to the credit of Mr. Clifford W. Beers is no mean achievement.

" 'The progress of mankind is the history of great movements rather than a gradual evolution.

" 'Some of these movements seem to have arisen as it were spontaneously, to have been of the nature of a common impulse, the origin of which remains a puzzle to historians. At other times, impelling personalities, great orators, lawgivers, and mighty men at arms have driven men onwards, but only, as a rule, with passing effect. The greatest movements which have tended to the permanent uplifting of mankind have, as a rule, had their origin in some factor, incident, or circumstance small in comparison with the results, the instrument being of humble rank. Innate in such, however, there seems to have been a power, a force, which, figuratively speaking, has been capable of moving mountains. They have been able to alter completely the direction of human energy and revolutionize human thought and aspirations. Witness the far-reaching effect of the simple experiments of Isaac Newton, the philosophy of Bacon, the genius of Galileo, the writings of John Locke, the journeyings of John Wesley, the heroism of Florence Nightingale, let alone the works of Harvey, Howard, Darwin, Lister, and many others.

" '*A Mind That Found Itself* was something more than a classic in psychiatric literature. It was at once an inspiration, a message, an impelling force, a call which could not be resisted. Its power has already made itself felt in four continents, and will find its greatest opportunity when the First International Congress of Mental Hygiene meets at Washington in 1925, out of which will grow an international committee or league to coördinate and stimulate the work of the various national mental-hygiene organizations.

" 'Honor be to him who in his own country has stirred men's minds to realize at last that the mental health of the people is the most important factor in human efficiency and in human happiness, and is the only true basis for the greatness of a nation.

" 'Honor also be to him that a national council for mental hygiene was established in May, 1922, in this country. Dr. Bond, in that remarkable address as president of the Medico-Psychological Association in July, 1921, thus foreshadowed its foundation: "My address might perhaps better have taken 'Mental Hygiene' as its title, for, indeed, such suggestions as it contains have as their ultimate goal the promotion and preservation of mental health. Even should all these proposals mature, pruned and added to as none better than the Medico-Psychological Association is capable of doing, all the work requisite for that preservation will not have been overtaken. It is, therefore, of good augury that an idea is afloat to establish in this country a national committee for mental hygiene on the lines of that body of men and women who, under that name, have been for the past thirteen years doing such magnificent work in the United States, and out of whose example similar committees have sprung up in the Dominion of Canada and are contemplated elsewhere in the dominions, and also, as Dr. Henri Colin of Paris will explain to us, in France.''

'' 'Mr. Clifford W. Beers has already our gratitude and our respect and esteem; we would also have his closer fellowship, and I have the honor to propose that he be elected an honorary member of this council.' (Applause.)

''Dr. Helen A. Boyle seconded and the motion was unanimously agreed to.

''Mr. Clifford W. Beers in his reply brought greetings from the American committee and thanked the council for the honor done to him, which he greatly appreciated. In an interesting speech he expressed his willingness to do all in his power to further the movement in this country.''

Periodic Health Examinations

A nation-wide campaign for periodic health examinations was launched on July 4 by the National Health Council, which includes in its membership fourteen of the leading national health organizations in the country. The American Medical Association, which is represented in the council by its Council on Health and Public Instruction, voted at its last annual meeting to coöperate in the campaign which, therefore, assumes the support of the medical profession throughout the country. The object of the campaign is to bring before the public the importance of periodic examinations as a step in the prevention of illness and to urge all those who will to ''be examined on your birthday''. An effort will be made during the year to induce at least ten million people to have health examinations. The council defines a health examination as a thorough physical and mental examination by a competent physician.

For the purpose of the campaign state and local committees are being formed throughout the country. The National Committee for Mental Hygiene urges that all those interested in mental hygiene coöperate with their local committees. Of all illnesses, mental illness is probably the most insidious and yet it has its well-established signs. The periodic health examination will add assurance and confidence to those in good physical and mental condition; it will discover at a favorable time many incipient physical illnesses; it should bring a greater efficiency, happiness, and health to those with incipient nervous and mental illness. It is an excellent step in mental hygiene.

Minimum Standards for Courses of Training in Occupational Therapy.

The American Occupational Therapy Association has been urged for several years past to promulgate standards for the training of occupational therapists. Through the efforts of several committees which have reported at annual meetings, very careful and comprehensive studies of the matter have been made. After serious consideration, the board of managers has decided that the time is ripe for the publication of the minimum standards of training which the studies indicate as being requisite and necessary at this time.

The board realizes that from time to time in the future it may be advisable to change these standards, probably in the direction of an increase in the requirements in several phases. It is believed, however, that the standards as now issued provide a fair and workable basis for the training of occupational therapists, and that they represent the consensus of opinion on the subject of the great majority of those interested. It must be remembered that, on the one hand, the association had to consider the views of some members who believe that a much longer course of training should be required. On the other hand, the success of many workers who were trained in one or other of the numerous short courses established to meet the urgent needs of the war hospitals led some members to believe that a very much shorter course would suffice. Opinions varied also on the standards for admission to training courses. The board of managers has given serious consideration to the various views expressed and has endeavored to avoid the Scylla of placing the requirements so high that too few students would undertake the training, and, on the other hand, the Charybdis of lowering the standards of the work by making the requirements for training too low.

The board further recognizes the fact that the association will doubtless be called upon to decide whether certain schools shall be "recognized" as meeting the standard requirements. It is believed, however, from past experience that all the existing schools will welcome the establishment of definite standards. In point of fact, the studies and inquiries made by the committees of the association have already resulted in a general adherence to certain standards.

It is further believed that it will be advisable, in the near future, to establish a national register of qualified occupational therapists, a duty that might well be undertaken by the association. Graduates of schools that offer courses in accordance with the standard training requirements would be automatically eligible for enrollment on this register, although it might be well to require that graduates provide, in addition, evidence of satisfactory service in some phase of occupational therapy for one year subsequent to graduation.

As with registration in allied professions, arrangements will probably have to be made to admit to the register occupational therapists already at work, on production of evidence of satisfactory service for a given period.

The board includes in its preliminary statement a reference to the need for the establishment, at one or more points in the country, of short, intensive training courses for postgraduate work. Many occupational therapists have expressed a desire for summer courses which would not only offer medical and general lectures in what may be termed the theoretical side of the subject, but would provide opportunities for training in the arts and crafts. From the inquiries received on this matter, it seems likely that if such a course could be established at, or in connection with, one or more of the training schools, many workers would welcome the opportunity to improve their professional knowledge and skill.

I. *Prerequisites for Admission.*

1. Age.

   Candidates for admission to training courses shall be of such an age that they will be not less than twenty years old at graduation.

2. Education.

   All candidates must produce evidence of having received a high-school education or its equivalent. In addition, it is desirable that all candidates shall have taken at least one year of special training in some field, such as pure or applied art and design, arts and crafts, social service, or advanced academic work in some specified subject; but successful employment or actual commercial experience in such lines may be accepted in lieu of training in a school or other institution in this regard.

3. Character.

   All candidates will be required to present evidence of good character and general fitness.

4. Health.

   A medical certificate of good physical and mental health must be presented.

5. Probationary Period.

   Training schools may reserve the right to exclude a student at the end of a period of thirty days from the time of admission if, in the opinion of the faculty, the student has not shown aptitude for the work, or has not the proper personality, and is, therefore, not likely to succeed as an occupational therapist.

6. Credits.

   The allowance of credits for previous special training is properly a matter for which individual training schools will make suitable regulations.

II. *Length of Course.*

The minimum length of course shall be twelve calendar months. The hours of work and lectures shall be not less than six daily.

III. *Content of Course.*

1. General.

   The course shall include not less than eight months of theoretical and practical work, and not less than three months of hospital-practice training under supervision.

2. Theoretical Work.

The theoretical work shall include lectures on the following subjects: the several principal fields of medicine and surgery; psychology; physiotherapy (with demonstrations); medical social service (with demonstrations); psychiatric social service; social relations (general sociology); the several types of hospitals, as general, mental and nervous, tuberculosis; hospital ethics and management, with particular reference to the relations between the occupational therapist and the hospital organization; personal hygiene; mental hygiene; the history and theory of occupational therapy; the history and development of arts and crafts and their relation to civilization; the theory of design; the history and development of art; modern industry and the factory system; the relation of occupational therapy to vocational rehabilitation, including the working of the Federal Industrial Rehabilitation Act; diseases of children.

Not less than seventy-five hours shall be given to lectures. It is particularly desirable that adequate instruction shall be given in:

(a) Psychology, normal and abnormal.
(b) Anatomy, kineisiology, and orthopedics.
(c) Mental diseases.
(d) Tuberculosis.
(e) General medical cases, including cardiac diseases.

3. Practical Work in Arts and Crafts.

Training in arts and crafts shall include work in the following subjects: Woodworking, including toy making, wood carving, and brush making; weaving, including spinning, hand- and foot-power looms, up to six-harness looms; basketry, including work in willow, rattan, raffia, cane, rush, and fiber; metal work and jewelry, including sheet-metal work in tin, copper, and brass; leather work, including simple bookbinding; mat and rug making; plastic work, including modeling in clay and composition, pottery and cement work; needle crafts, including petit point and simple garment making; stenciling and block printing; dyeing, including batik and tied work; knotting, netting, and cord work; applied design; mechanical drawing.

Not less than 1,080 hours shall be devoted to instruction and practice in practical handiwork, including drawing and design. It is particularly desirable that considerable time be devoted to, and adequate instruction provided in, the following crafts and their subdivisions: Woodworking, weaving, basketry, metal work and jewelry, drawing and applied design.

Schools are at liberty to arrange that work in minor crafts may be done out of school hours.

Throughout the course, some properly qualified member of the staff should be given the duty of interpreting, in terms of practical work, as far as may be possible, the theoretical lectures, especially those on psychology.

THE INTERNATIONAL MENTAL HYGIENE MOVEMENT

Mr. Clifford W. Beers, secretary of The National Committee for Mental Hygiene, has recently returned from a three-months trip to Belgium, France, and England, made in the interests of the projected international congress of mental hygiene, which it is hoped will be held in this country in 1925, and the international committee that is to grow out of the congress.

In each of the three countries visited, Mr. Beers found genuine interest in mental hygiene and in the international congress. In Belgium he had private audiences with King Albert and Cardinal Mercier, and a reception was given in his honor by the Belgian League for Mental Hygiene.

The French League for Mental Hygiene had arranged to have a number of delegates from other countries in Paris, to meet Mr. Beers and discuss the international congress. A meeting and dinner for these delegates was held at the home of Dr. Antheaume, one of the most active officials of the French League. Seventeen persons were present, representing the following countries: France, Belgium, Great Britain, Italy, Czechoslovakia, Spain, Denmark, Norway, Canada, and the United States. The general plan for an international congress and an international committee was approved, and those present who were not already members of the organizing committee were added to its membership—namely, Dr. G. C. Ferrari, Italy; Dr. L. Hoskovec, Czechoslovakia; Dr. Rodriguez Arias, Spain; Dr. Helen Boyle, England; Dr. Virrgo Christiansen, Denmark; and Dr. Evensen, Norway. Dr. Gustave Olah, of Hungary, who arrived later in the week, was also made a member of the committee. The delegates from countries in which there are not already national organizations for mental hygiene will endeavor to set on foot national movements as well as to arouse interest in the international congress.

On May 29, a meeting was held under the auspices of the French League in the Grand Amphitheatre of the Sorbonne. The hall was filled to its capacity—3,500—and 2,000 persons were turned away. Addresses were made by Dr. Toulouse, founder and president of the French league; Dr. Genil-Perrin, secretary of the French league; M. Godard, of the Ministry of Justice; Dr. Claude, professor of psychiatry in the University of Paris; Dr. August Ley, of Brussels; and Mr. Beers, whose remarks were interpreted by Dr. Ley.

While in Paris Mr. Beers had interviews with M. Clemenceau and with M. Paul Bourget, as well as with a number of prominent members of the American Colony.

In London, Mr. Beers attended the first general meeting of the British National Council for Mental Hygiene and was elected to honorary membership in that organization.[1]

He spoke at the annual dinner of the Medico-Psychological Association, at a drawing-room meeting in the home of Sir Maurice Craig, to special groups at Cambridge and Oxford, and at a public meeting in Caxton Hall, held under the auspices of the National Council. He also broadcasted a brief account of the mental-hygiene movement and the National Council for Mental Hygiene.

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[1] See pages 882-85.

Mr. Beers found that the British National Council is deeply interested in the projected international congress for mental hygiene, believing that it will give great impetus to the now world-wide movement for the promotion of mental health and the prevention of nervous and mental disorders and mental defect.

RESEARCH PROGRAM OF THE COMMITTEE ON SCIENTIFIC PROBLEMS OF HUMAN MIGRATION

Following the general conference on migrational problems held in the offices of the National Research Council, November 18, 1922, the Committee on Scientific Problems of Human Migration, with the assistance of groups of specialists, prepared an initial program of research which has been approved by the executive board of the council and which the trustees of the Laura Spelman Rockefeller Memorial have agreed to support to the extent of $60,000.

The program includes the following main lines of research:

1. Studies looking toward the internationalizing or universalizing of methods of mental measurement. Work in charge of Dr. Robert M. Yerkes, chairman of committee, and Professor Carl C. Brigham. Location, Ellis Island and Princeton University.
2. Investigation of primitive forms of human response and development of methods of measuring same. In charge of Professor Raymond Dodge, Wesleyan University, Connecticut.
3. The development of methods of systematically analyzing, measuring, and evaluating human personality. Under direction of Professor W. V. Bingham and C. S. Yoakum, Carnegie Institute of Technology, Pittsburgh.
4. Analysis and development of methods of measuring general and special mechanical abilities. In charge of Professors R. M. Elliott and D. G. Paterson, University of Minnesota.
5. Study of the influence of race upon pathology, as indicated by autopsy protocols. Under the direction of Professor Raymond Pearl, Johns Hopkins University.
6. A study of physical inheritance and environmental changes among the offspring of mixed marriages. Directed by Dr. Clark Wissler, American Museum of Natural History, New York City.
7. A study of the need for labor in the United States in relation to immigration and emigration. Directed by Dr. Wesley C. Mitchell, National Bureau of Economic Research, New York City.
8. Survey of available data and sources of information in European countries relative to conditions and causes of migration. Conducted by Professor Henry P. Fairchild, New York University.

Preliminary steps have already been taken toward the organization of the work.

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New York.

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DO YOU KNOW THAT

There are 250,000 patients in hospitals for mental diseases in this country.

Each year 50,000 persons are admitted to these hospitals for the first time.

There are many cases of serious mental maladjustment that never reach these hospitals.

Patients with one type of mental disease alone (dementia praecox) are twice as numerous as persons in all hospitals for tuberculosis.

One man out of every six received into a state hospital for mental diseases for the first time is admitted on account of syphilis.

Over one-eighth of the total expenditures of some states is for the insane.

The expenditures for the insane in some states exceed the amount for any other purpose except education.

The cost of maintenance of persons in hospitals for mental diseases throughout this country is about $75,000,000 annually.

The economic loss to the United States each year on account of mental diseases is over $200,000,000.

The number of hospital beds occupied by patients with mental diseases exceeds the number in use in all general hospitals in this country.

Whereas most hospitals for mental diseases are overcrowded, the average daily number of patients in general hospitals is about one-half of the number of available beds.

NEW COURSE IN PSYCHIATRIC SOCIAL WORK

The Graduate School of Social Service Administration, the University of Chicago, is offering to its seventy students in training for social work a course entitled *Psychiatric Basis of Social Work,* to begin the early part of February. It will include a general survey of the psychiatric problems underlying social work and will deal with the methods of diagnosis and treatment employed by psychiatrists, with special reference to the psychiatrist's approach to such problems as juvenile and adult delinquency, industrial maladjustment, family disorganization, and problems of personality.

RECENT MENTAL HYGIENE SURVEYS

Mental-hygiene surveys of the following states have recently been conducted by the National Committee for Mental Hygiene: Arizona, Kentucky, North Dakota, Rhode Island, and Wyoming. In addition to these surveys, special studies of the mental-hygiene needs of Louisville, Kentucky, and of the New York county jails have been made. The reports of most of these surveys are now being prepared.

The survey of Arizona is of especial interest on account of the character of its population. Of 8,000 school children studied, more than one-fourth were Mexicans, the majority of whose parents were born in Mexico. Four Indian schools, with over 1,200 pupils, were also included. The Indian was found to present a less serious educational problem than the Mexican.

Among the recommendations made in the report of this survey are: the organization of a Board of Mental Hygiene, with an executive officer to be called a commissioner; the establishment of a home and training school for mental defectives, this institution as well as the state hospital for mental diseases to be directly under the management of the Board and Commissioner of Mental Hygiene; and the supervision in the community of those mentally defective persons who do not require institutional care. This Board of Mental Hygiene would also be charged with the duty of examining the problem children in the schools, courts, and state institutions for delinquents.

This study was conducted by Dr. Thomas H. Haines, Director of the Division on Mental Deficiency of the National Committee for Mental Hygiene, who was assisted by Mr. C. L. Hultgren, Psychologist; Miss Mina A. Sessions, Psychiatric Social Worker; and Miss Thelma Schultheis, Secretary.

The following persons were members of the staff of the North Dakota Survey: Dr. Thomas H. Haines, Director; Ward G. Reeder, Ph.D., Psychologist; Mr. C. L. Hultgren, Psychologist; Miss Mina A. Sessions, Psychiatric Social Worker; Miss Lucille Martin, Psychiatric Social Worker; and Miss Florence M. Grant, Secretary. The four last-mentioned persons assisted in the Wyoming survey, under the direction of Dr. Harold E. Foster. This survey was begun November 1, 1922, and is now drawing to a close. In this state of less than 200,000 population, there are seventeen special classes in the public schools, which are under the direction of Miss Elise Seyfarth. Two of these classes have been organized as a result of the activities of the survey staff.

THE CONNECTICUT SOCIETY FOR MENTAL HYGIENE

The fifteenth annual meeting of this Society was held at Hotel Bond, Hartford, on the afternoon and evening of January 12th. The early part of the afternoon was devoted to business sessions, after which there were addresses by Dr. Abraham Myerson of Boston, on *Heredity and Mental Disease,* and Dr. Paul Waterman, of Hartford, on the *State Psychopathic Hospital Commission.* The speakers in the evening were Dr. Arnold L. Gesell, of Yale University, whose topic was *The Feebleminded and a State Policy,* Judge Solomon Elsner, Hartford, on *The Juvenile Court,* and Dr. W. C. Rappleye, New Haven, on *The Relations of Psychiatry in Medicine.*

GRADUATE COURSES IN NEUROLOGY AND PSYCHIATRY

Columbia University announces eight- and twelve-week courses in neurology and psychiatry for qualified graduates in medicine who desire to extend their knowledge in these subjects. The courses consist of clinical practice, bedside service, and laboratory and diagnostic conferences. They aim to provide a practical contact with nervous and mental diseases by using the wealth of material and opportunity afforded by New York City. The following physicians are the staff of instructors: Dr. Louis Casamajor, Dr. Leon H. Cornwall, Dr. Charles A. Elsberg, Dr. Charles I. Lambert, Dr. Charles A. McKendree, Dr. Mortimer W. Raynor, Dr. Austen Fox Riggs, Dr. Thomas W. Salmon, and Dr. Frederick Tilney. For further information, address Graduate Courses, College of Physicians and Surgeons,

CLINICS FOR CHILDREN

About a year ago the National Committee for Mental Hygiene, through a special gift from the Commonwealth Fund, was able to announce a plan for demonstration psychiatric clinics to assist juvenile courts and other agencies in diagnosing and treating cases of pre-delinquent and delinquent children and other behavior problems. The first of these clinics has just completed its demonstration in St. Louis, which was begun in April, 1922. A report is now being prepared, which will contain material gathered in the study and treatment of approximately 300 children during this period of nine months. The findings, the treatment, and some of the results obtained will be presented in this report, which will be distributed by the National Committee for Mental Hygiene.

The personnel of the first demonstration clinic has been moved to Norfolk, Virginia, where the second demonstration clinic is now being conducted. During the month of February, it is planned to start a third such clinic in Dallas, Texas. Other cities have requested these clinics, among them Los Angeles; Portland, Oregon; Salt Lake City; Milwaukee; Indianapolis; Des Moines; Minneapolis; Cleveland; Pittsburgh; Buffalo and Rochester, New York.

These clinics are under the supervision of Dr. V. V. Anderson, Director of the Division on Prevention of Delinquency, the National Committee for Mental Hygiene. The next issue of the BULLETIN will contain a description of the work of these clinics and an account of other activities of this division.

NEW MENTAL CLINIC IN KANSAS

A free clinic for mental and nervous diseases has been opened in Lawrence, Kansas. This clinic is conducted by Dr. Karl A. Menninger, professor of abnormal psychology in Washburn College and of criminology in the Washburn Law School, Topeka. Dr. A. W. Clark, city health officer of Lawrence, is the resident director. The clinic is held once a month at the city auditorium.

MENTAL HYGIENE IN ST. LOUIS

Last summer the Director of Public Welfare of St. Louis, Mr. Nelson Cunliff, appointed a committee to report on conditions at the Observation Ward of the City Hospital. This committee was composed of the following members: Dr. M. A. Bliss, Chairman; Dr. George A. Johns, Dr. Rolla Henry, Dr. Leland B. Alford, Dr. P. J. Farmer, and Dr. V. V. Anderson. As a result of the activities of this committee, the city took over a building near the City Sanitarium and, at a cost of $100,000, is equipping it for a new receiving hospital for mental patients. The Observation Ward of the City Hospital will be abolished and the mentally sick in St. Louis will be sent without commitment to the new reception hospital.

The committee felt that its initial report should be followed by a more complete study of the mental-hygiene needs of St. Louis, and Dr. Anderson was requested by the Director of Public Welfare to conduct this survey. The study was made with a view to determining the part physical and mental diseases or defects play in crime and poverty, the frequency of these conditions among prisoners and dependents, and the organization for dealing most effectively with these conditions and preventing their increase. Inmates of the City Jail, City Workhouse, City Infirmary, Bellefontaine Farms, and the run-of-the-mine of the Juvenile Court were studied. A survey was made of a group of court cases coming in contact with the Venereal Clinic in the Health Department, and a study was made of the care of the insane and feebleminded in that city. A report of this study is now available at the office of the National Committee for Mental Hygiene.

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

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Thomas H. Haines, M.D., Division on Mental Deficiency
Samuel W. Hamilton, M.D., Division on Hospital and Medical Service
Edith M. Furbush, Department of Information and Statistics

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Clifford W. Beers	Secretary
Paul O. Komora	Assistant Secretary
Robert J. Williams	Financial Secretary
Margaret H. Wagenhals	Editorial Assistant
Christine C. Robb	Educational Assistant

FIELD STAFF

DIVISION ON PREVENTION OF DELINQUENCY
Mildred C. Scoville, Executive Secretary

CHILDREN'S GUIDANCE CLINIC NO. 1, NORFOLK, VIRGINIA

Thomas J. Heldt, M.D.	Director
....	Psychologist
Goldie Basch	Psychiatric Social Worker
Katharine Brown	Psychiatric Social Worker
Mrs. Grace Roberts	Clinic Manager

CHILDREN'S GUIDANCE CLINIC NO. 2, DALLAS, TEXAS

Lawson G. Lowrey, M.D.	Director
E. Koster Wickman	Psychologist
Anne S. Wilson	Psychiatric Social Worker
Hester B. Crutcher	Assistant in Psychiatric Social Work
Dorothy Wallace	Assistant in Psychiatric Social Work
W. Margaret Cavender	Clinic Manager

CHILDREN'S GUIDANCE CLINIC NO. 3, MONMOUTH COUNTY, NEW JERSEY

Christine M. Leonard, M.D.	Director
Phyllis Blanchard, Ph.D.	Psychologist
Mary B. Laughead	Psychiatric Social Worker
Clara Bassett	Assistant in Psychiatric Social Work
Rhea Kay Boardman	Visiting Teacher
Ellen M. Maxwell	Secretary

DIVISION ON MENTAL DEFICIENCY

KENTUCKY MENTAL HYGIENE SURVEY

Wilson K. Dyer, M.D.	Field Consultant
Bertha M. Allen	Psychologist

WYOMING MENTAL HYGIENE SURVEY

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MENTAL HYGIENE BULLETIN

Official Publication of
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370 SEVENTH AVENUE
NEW YORK CITY

Issued Each Month except July and August

Subscription: Twenty-five cents a year

FRANKWOOD E. WILLIAMS, M.D., Editor
EDITH M. FURBUSH, Associate Editor

MAN AS MAN

Four of the ten books listed by *The Bookman* as the most popular non-fiction books of the month deal with some aspect of mind—two of the books, Robinson's *The Mind in the Making* and Jackson and Salisbury's *Outwitting Our Nerves,* have been on the *Bookman* list for several months; M. Coué is the most heralded foreign visitor in the United States today, having occupied for weeks and still occupying more columns of space in reputable newspapers than any visitor since Clemenceau; agencies for the promotion of mental hygiene are being organized in all parts of the world; certain Protestant denominations are urging the revival of spiritual healing; every city of importance is placarded with the announcements of former teachers of elocution, and the like, who are to give courses in "applied psychology" and their halls are filled; the National Committee for Mental Hygiene finds interest in its work sufficiently general to warrant the publication of a news bulletin.

These are not all birds of the same feather; but diverse as they are, something that is significant underlies them all. It may be, as has happened before following great wars, that there

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VOLUME I, NUMBER 1

PUBLISHED BY
THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

JANUARY, 1923

INTERNATIONAL MENTAL HYGIENE

COMPARATIVELY few seem to realize that the mental-hygiene movement is already international in scope. National Committees are at work in the United States, Canada, and South Africa. There are Leagues for Mental Hygiene in France and Belgium. During the past year in Great Britain a National Council for Mental Hygiene has been organized, and the forerunner of a National Committee in Australia has taken form as a Section on Mental Hygiene in the Australian Public Health Association. Plans for organizing a National League, or Council, or Committee are under way in Italy, Spain, and Brazil, and the situation is such in a number of other countries, among them Holland, Denmark, and Norway, that similar agencies can and no doubt will be established within the coming year.

The spread of the movement to other countries has been a natural one. From 1909 to 1918 there was but one national organization, the (U. S.) National Committee. In 1918, through the activities of Dr. C. M. Hincks, of Toronto, the Canadian National Committee for Mental Hygiene was established. About a year later—February 4, 1919—a plan for establishing an International Committee for Mental Hygiene was adopted at a meeting held in New York at the home of Dr. Walter B. James. It was upon the initiative of Mr. Clifford W. Beers, author of *A Mind That Found Itself* and founder of the mental-hygiene movement, that this plan was proposed at that time. Some of those present felt that the international activities could be left to take care of themselves. Others believed that it was essential to have an International Committee to coördinate the work of existing organizations, to help organize other national mental-hygiene agencies and later to serve as a clearing-house for information for all affiliated societies and for individuals in all countries. The latter view prevailed, with the result that today the International Committee awaits only an appropriate occasion for its formal founding. That will come when the First International Congress on Mental Hygiene is held. If the present plan is carried out, which is one way of saying "if funds for the purpose are obtained," the Congress mentioned will be held in the United States early in June, 1924.

An important meeting of the Organizing Committee of the International Committee was held at the Yale Club in New York, December 11, 1922. Delegates from Canada, Belgium, Brazil, and the United States were present, as were a number of guests, including leaders in other fields of health work. The speakers at this

(*Continued on page two*)

PENNSYLVANIA CLOSING COUNTY INSTITUTIONS

One of the aims of the Bureau of Mental Health of the Pennsylvania Department of Public Welfare is complete state care of mental patients. With this end in view, the licenses have been withdrawn from seven county institutions, in which conditions warranted it, and the patients have been transferred to state hospitals. Another county institution, operating without a license, has been discontinued. Other aims and accomplishments of the Bureau, together with a graphic presentation of its organization, are given by its Director, Dr. William C. Sandy, in an article entitled *Organization and Scope of a State Bureau of Mental Health,* published in the current number of *Mental Hygiene.*

ANNOUNCEMENT

Six years ago when the first number of *Mental Hygiene* was issued it was planned to devote a part of each number to items of news. These items have appeared each quarter in a section known as *Notes and Comment.* In the beginning this section was sufficient. For some time, however, the editors of *Mental Hygiene* have been finding it increasingly difficult and finally impossible to make room in this section for even the major items of news. It has been evident that there was need of a more frequent publication through which those interested in the various aspects of mental hygiene could be kept informed of events as they take place. To this end, therefore, the National Committee for Mental Hygiene plans to issue each month, with the exception of July and August, this BULLETIN which will be devoted to a narration and discussion of significant current events in the field of mental hygiene. It is believed that the BULLETIN will be welcomed by those who either because of their general interest or because of the nature of their work desire to be kept informed of the activities, progress, and plans of others. The *Notes and Comment* section of *Mental Hygiene* will be retained but will be reserved for the recording of events whose importance lies not so much in their timeliness as in their permanence.

TORONTO AWAKE TO FEEBLE-MINDED PROBLEM

Much interest in the feebleminded is being shown by the city of Toronto. Several meetings have been held lately under the auspices of the board of health of that city, and a research committee has been organized to make a study and present a report to the board of control and city council, with a view to solving the problem of mental deficiency in that city.

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These are not all birds of the same feather; but diverse as they are, something that is significant underlies them all. It may be, as has happened before following great wars, that there is a spiritual turning away. There is, at any rate, great unhappiness abroad and the old gods—they were many—no longer satisfy. Where they have not been cast down they are distrusted.

Not alone the war is responsible for this; there is much that has contributed. The flow of time, with its accumulated experiences in the experiment of living and its accessions of knowledge as yet unassimilated, has its bearing.

In this as in all things human there is both tragedy and comedy. That a teacher of elocution by the mere slight flight of time becomes a much sought "authority" on "applied psychology" is comedy if it is not farce. That thousands the world over find, figuratively, the agony of blinding themselves less painful than seeing, the exquisite torture of searing their nerves less painful than feeling is tragedy. There is tragedy, too, in the frantic grasping at all straws as individuals seek to find a haven. There is hope in that the world is becoming aware of the significance of these things; that there are those who are brave enough to destroy their illusions; that man is becoming interested in the study of man rather than in man's gods and man's toys.

INTERNATIONAL MENTAL HYGIENE

(*Continued from page one*)

meeting were: Dr. Stephen P. Duggan, presiding; Dr. C. K. Clarke, Medical Director of the Canadian National Committee for Mental Hygiene; Mr. Manuel Muniz, representing Dr. Gustavo Riedel of Rio de Janeiro; Dr. August Ley, Founder of the Belgian National League for Mental Hygiene; Mr. John J. Carty, Vice-President of the American Telephone and Telegraph Company; and Mr. Clifford W. Beers, Secretary of the (U. S.) National Committee for Mental Hygiene.

Dr. Clarke and Dr. Ley emphasized the need for holding an International Congress and completing the organization of the International Committee; Mr. Muniz spoke in behalf of Dr. Riedel of Rio de Janeiro, one of the leading psychiatrists of South America, who, while in New York recently, had offered to coöperate actively in the international work; Mr. Carty urged that efforts be made to stimulate and finance research in the field of mental hygiene and psychiatry; and Mr. Beers outlined the growth of the international movement, told about plans for a Congress, and described some of the functions of the International Committee.

In a future issue of the Mental Hygiene Bulletin there will be presented in detail some of the more important plans in view. Though still continuing to serve as the active Secretary of the National Committee for Mental Hygiene, Mr. Beers will henceforth give part of his time to the development of the International Committee, of whose Organizing Committee he serves as General Secretary. Dr. Stephen P. Duggan is Chairman of this Organizing Committee, the members being: Dr. C. K. Clarke and Dr. C. M. Hincks of Toronto, representing the Canadian National Committee; Dr. William L. Russell, Dr. Stephen P. Duggan, Mr. Howard B. Tuttle and Mr. Clifford W. Beers, representing the (U. S.) National Committee for Mental Hygiene; Dr. August Ley, representing the Belgian National League for Mental Hygiene; Dr. Toulouse, of Paris, representing the French League for Mental Hygiene; Sir Courtauld Thomson, of London, representing the British National Council for Mental Hygiene; Dr. John T. Dunston, of Pretoria, representing the South Africa National Committee for Mental Hygiene; Dr. Ralph A. Noble, of Sydney, and Prof. E. Morris Miller, of Hobart, Tasmania, representing the projected Australian National Committee for Mental Hygiene; Dr. Gustavo Riedel, of Rio de Janeiro, representing the projected Brazilian National Committee; and Dr. Edward Hume, Dean of the Medical School of Yale in China, at Changsha, representing that country.

Coöperating with the Organizing Committee of the International Committee is a group of advisers who will be called upon to assist in perfecting plans and program. Already over thirty leaders in various fields have agreed to serve. This group will be added to from time to time and a list of its members will be announced later.

MILLER BOOK NOW AVAILABLE

Parents, teachers, and physicians will be interested to know that *The New Psychology and the Teacher,* by Dr. H. Crichton Miller of the Tavistock Clinic, London (reviewed in *Mental Hygiene,* April, 1922), is now available in this country. It is published by Thomas Seltzer, New York City. This book should be included in all mental-hygiene reading lists.

In this as in all things human there is both tragedy and comedy. That a teacher of elocution by the mere slight flight of time becomes a much sought "authority" on "applied psychology" is comedy if it is not farce. That thousands the world over find, figuratively, the agony of blinding themselves less painful than seeing, the exquisite torture of searing their nerves less painful than feeling is tragedy. There is tragedy, too, in the frantic grasping at all straws as individuals seek to find a haven. There is hope in that the world is becoming aware of the significance of these things; that there are those who are brave enough to destroy their illusions; that man is becoming interested in the study of man rather than in man's gods and man's toys.

INTERNATIONAL MENTAL HYGIENE

(*Continued from page one*)

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MENTAL HYGIENE will aim to bring dependable information to everyone whose interest or whose work brings him into contact with mental problems. Writers of authority will present original communications and reviews of important books; noteworthy articles in periodicals out of convenient reach of the general public will be republished; reports of surveys, special investigations, and new methods of prevention or treatment in the broad field of mental hygiene and psychopathology will be presented and discussed in as non-technical a way as possible. It is our aim to make MENTAL HYGIENE indispensable to all thoughtful readers. Physicians, lawyers, educators, clergymen, public officials, and students of social problems will find the magazine of especial interest.

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GENERAL PURPOSES

The National Committee for Mental Hygiene and its affiliated state societies and committees are organized to work for the conservation of mental health; to help prevent nervous and mental disorders and mental defect; to help raise the standards of care and treatment for those suffering from any of these disorders or mental defect; to secure and disseminate reliable information on these subjects and also on mental factors involved in problems related to industry, education, delinquency, dependency, and the like; to aid ex-service men disabled in the war; to coöperate with federal, state, and local agencies and with officials and with public and private agencies whose work is in any way related to that of a society or committee for mental hygiene. Though methods vary, these organizations seek to accomplish their purposes by means of education, encouraging psychiatric social service, conducting surveys, promoting legislation, and through coöperation with the many agencies whose work touches at one point or another the field of mental hygiene.

When one considers the large groups of people who may be benefited by organized work in mental hygiene, the importance of the movement at once becomes apparent. Such work is not only for the mentally disordered and those suffering from mental defect, but for all those who, through mental causes, are unable so to adjust themselves to their environment as to live happy and efficient lives.

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